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Original

ANTISEPTIC TREATMENT OF TYPHOID FEVER WITH CHLORINE-QUININE SOLUTION.

BY. R. L. PATTERSON, M. D., COYVILLE, KANSAS.

Of all the methods of treatment receiving the professional sanction, the one having antiseptics as its basis seems the most rational. No one of the advocates of the antiseptic treatment claims that he can obtain an aseptic condition of the walls of the intestine, but it is claimed that the bacterial growths can be kept down to small numbers, and in a low state of vitality, and the bacterial poisons are very much lessened and consequently not present to be absorbed.

The main point to be considered in choosing an intestinal antiseptic is to get one that is readily absorbable and very soluble, equally as diffusible and that in over-doses is harmless. The substance best combining these advantages is chlorine.

The chlorine-quinine treatment was originated by Dr. Burney Zoe, of London, and has been successfully employed for 20 years. The best results are obtained if the case is seen early. But even in the late stages the remedy will have the best effects of any possible selection of the materia medica, as will be seen by the report of the following case:

A. C., age 19; weight, 165 pounds; sent for me on the eighth day, after taking his bed on account of epistaxis and hemorrhage of the bowels, which was quite severe. I found temperature 105; pulse, 115; general tympanites, tongue characteristic of typhoid fever, only it exceeded in filthiness and ulcerations any specimen of the lingual organ that I have ever inspected, except in cancer of the tongue.

He had not had any medical and very little domestic attention for eight days. I prescribed the chlorine-quinine treatment in one ounce doses, every two hours; next day the temperature was 102 ; blood nearly absent from the alvine evacuations; only had five up to 2 P. M., on the second day, after beginning the medicine. The day preceding he had at least 12 watery and bloody stools. I think from the appearance of the patient he had lost at least 25 pounds of his weight. The case looked serious at the first treatment, and the general appearance was not much improved; continued the same treatment at the same intervals, and on

the fourth day of the treatment the temperature was normal in the after noon. I ordered the same medicine in half-ounce doses, every four hours; visited him once more; he stated he slept about five hours; temperature normal; bowels only acted once in 24 hours, and he stated that for the first two or three hours of the interval between the doses of medicine he felt good, but weak; but after that until the fourth hour his stomach began to hurt him and felt full. I ordered, then, two teaspoonfuls every two hours, and ten grains of powd. tri. ferment comp., three times a day, after taking his usual allowance of somatose. On the sixth day he told his attendants he would need no further attention from me, as he was able to be about the house.

The daily Lancet reports 26 cases in the issue of December 18, treated successfully with the above antiseptic mixture. They can make it 27, and the 27th was under very unfavorable environment.

A PRACTICAL STUDY OF THE BLOOD AND THE CIRCULATION, WITH A HISTORICAL REVIEW OF THE SUBJECT AND ITS BRIEF CONSIDERATION FROM THE STANDPOINT OF ITS CHEMICAL COMPOSITION, ANATOMICAL STRUCTURE, AND PHYSIOLOGY; INCLUDING CLINICAL STUDIES, AND EXPERIMENTAL RESEARCH ON THE LOWER ANIMAL.

BY THOMAS H. MANLEY, M. D., NEW YORK.

Continued from last number.

ON THE PLASMIC CURRENTS.

PART XVII.

When we come to examine the various structures of the body, in advanced age, we will observe an avascularization of the tissue on a large scale. It is then physiological; one of those changes which go in advance of, or attends degeneration, or dissolution.

It is most pronounced in the osseous structures, though commonly it may be observed in the walls of the vessels in the atheromatous state.

After the meridian of life is past notable changes of a new order begin to manifest themselves. The muscles show signs of wasting in the slower and inelastic step, and tendency of the head to move forward, from a weakening of the posterior cervical group of muscles. Later, marked ataxia is evident; the skin atrophies, i. e., the papillary layer and corium become thin and fall in folds on the wasting beds of areolar tissues. All the organs in the body show senile changes, with diminished physiological activity.

The whole body loses in weight and height. The circulation of the blood at this stage of life is becoming more and more difficult. Changes in the bone elements, hardening, condensation and contraction, lead to a narrowing of the canaliculated passages which traverse them, and those foramina which are lodged in cancellous structures. The diploic spaces between the skull plates is obliterated, and but a brittle, hard shell of bone remains. Through these changes in the osseous structures overlying the brain, as time advances, the supply of blood to the meninges becomes gradually reduced or wholly cut off. The calcification of the skeleton, the gradual resorption of its organic elements, shrinking and hardening it, lead to manifold disturbances of its function and integrity.

If we examine the centre of the shaft of the femur or humerus, in an old person it will be noted that through the lamellae of the compact layer no blood-vessels of any size are visible, in the central part. As the saw passes through it, in an amputation, it produces a sensation to the hand, as though going through metal. The cut surface is smooth, dry and of an ivory hardness. On careful examination of a ring of this eburnated bone, we will notice that the thick cancellous layer in contact with the medullary membrane has quite disappeared, thereby giving an increased diameter to the bore in the shaft.

A segment of such bone is much heavier than in the youth. The periosteum is thin, and so incorporated with the surface as to be detached only by tearing it off in shreds. The minute canals, produced by an ingrowth of the fibres of the periosteum, and conveying vessels directly from the periosteum to the medullary membrane, the so-called lacunae of Howship, are now very few in number, and in places are entirely absent.

Histological examination of senile bone is not satisfactory. We derive more information, with respect to its vascular elements, by an examination of its rough characters.

In order to prepare bone for the microscope we must first, with a strong acid, dissolve out the lime elements, a chemical process which in itself extensively alters the finer structures; but in bone, highly calcified, there is but an indifferent stroma of connective tissue framework.

Nevertheless, even now, under a low power, with the sections well stained, we can readily detect the extensive alteration in structure. On the periphery are seen many vascular openings, which, however, do not penetrate sufficiently deep to inosculate with Haversian systems, which are now occupied only by minute fibrillae which marked the former site of the vessels. The stellate arrangement of bone corpuscles and canaliculi is yet preserved, but all resemblance of vascularization is lost. Sections through decalcified segments cut away from the epiphyseal ends, present well marked evidence of an imperfect vascularization; nevertheless, even here, it is clear that fatty degeneration and infiltration had rendered impossible anything more than an imperfect circulation of all the elements of the blood. By soaking sections of the same specimen of senile bone in alcohol and in the alkalies and removing the oleaginous substances, after drying, a lapidist prepared for me several scale-like sections for the microscope.

In these it was clearly demonstrable that calcification or petrifaction had so far advanced in the central elements as to choke up and obliterate for the greater part the complex canals of Havers. All limation of the vascular territories, the trabeculae and lacunae were absent. It was only immediately under the osteoblastic layer of the periosteum that a trace of any regular vascular arrangement was discernible.

It is a matter capable of simple demonstration that not only the osseous elements, but many of the other structures in the body gradually diminish or entirely part with their vascularity, the main arterial trunk itself finally perishing through its vasa-vasorum, failing in energy and ceasing to provide the required pabulum for the adventitia or muscularis.

But it may be inquired how is it that if the tissues of those advanced in years are the seat of vascular degeneration and wanting in an abundant blood supply, nevertheless their recuperative qualities are quite equal to those in middle life? My own experience with fractures has long since convinced me that with the possible exception of intra-capsular fracture of the neck of the femur in middle age or old people all other fractures undergo repair quite as rapidly and completely as in those younger. Clinical facts would therefore prove that, although the senile bone shaft is positively wanting in that canalization necessary for the transmission of blood, still in some manner, not yet fully understood, the

necessary regenerative elements or juices are carried to the point of injury for the reunion of the sundered bone.

Here, again, the plasmic currents come into play. And we will notice that this fluid carries all the elements requisite for the work, the lime and other salts, the fibrogenic and osteogenic materials. We are informed that various anatomic elements, the protoplasm of epithelia and other corpuscles possess hemotaxic properties, i. e., they have the power of selecting and absorbing from the circulation those elements required for each to perform its function.

The plasma, in itself containing all the needful elements in osseous repair, the blood-corpuscles, serve probably for no other purpose here than in fulfilling their function in regulating tissue metabolism or through the leucocytes, in some unknown manner, influencing inflammatory changes in the type of fractures mentioned.

The hemopexia, or blood-clotting over the ends of the shattered fragments then probably serves only a mechanical process, the fibrinated recticulum securely fixing the mutilated adjacent soft parts, while the corpuscular elements break down, decompose and are resorbed.

We have various pathological conditions, which go to show that direct vascularity of a part is not essential for its vitality or increased energy. One illustration will be ample to demonstrate this, in the degenerative changes which fall on the integument of the aged, though the papillary and adenoid layers and subcutaneous tissues, which are highly vascularized, undergo a steady shrinkage, and hence the bones and joints become more prominent. The reta-mucosum and the derma acquire in many old people renewed activity when epithelial proliferation begins and malignant growths make their appearance, by preference in scaly structures, devoid of blood vessels. Another curious feature connected with this is that epithelial formations have the property of diffusing or disseminating themselves in neighboring parts, as in the axillary lymphatics in mammary cancer. But how do they get there, since no hemotologist has yet found epithelial elements in the blood? Evidently through the plasmic currents outside the capillaries, or through the lymphatics.

Some may say that they reach the absorbents through the lymph-channels. But how do they diffuse themselves through the stroma of the gangloic layer in the follicles of Malpighi and the interfollicular tracts, where no regular system of vessels of any kind abound? In the same manner it must be that they leave their normal abode through the plasmic currents.

Keeping a knowledge of this accessory, acorpuscular circulation, so to speak, in view, when one comes to make a minute study of pathological processes it will make clear many embarrassing and confusing features impossible of comprehension without it.

That ignis-fatuus of pathology, inflammation, or rather some of its phenomena, will at all events be divested of some of its more subtile manifestations and be simpler of comprehension.

Physiologists have strained their brains in endeavoring to solve the problem how inflammation can occur in a structure destitute of blood-vessels, as the endothelia of the arteries, but, when it is understood that this so-called inflammation is nothing more than a disturbance in nutrition, and that it may and does involve in various degrees living protoplasmic elements, wherever situated, the problem should be easy of solution. The great confusion comes from the fact that the essence of inflammation is not understood; and hence it becomes absurd and futile to dogmatize on something yet quite as far beyond our ken as it was in the days of Hunter.

THE CORPUSCULAR ELEMENTS OF THE BLOOD.

Of late years extensive investigation has been directed by physiologists and experimenters to the floating particles in the liquor sanguinis, the globules or corpuscles.

Means have been devised by which no doubt a reasonably accurate estimate can be made of the proportion of the red corpuscles in health and disease, and it is probable that, with the chemical agents now employed by hematologists to fix the corpuscular elements, it is possible, under varying circumstances, to study with a certain degree of accuracy the finer changes in the morphological characters of the corpuscles appearing in disturbed conditions of health.

Laveran has opened a new field in his observations of the corpuscles in malarial conditions, and his description of the different types of plasmodiae, which he believes to be present, not only when an attack of paludal infection is at its maximum, but as well for some days preceding the attack.

Much confusion yet remains in the classification of the corpuscular elements and their functions.

In different countries the same elements receive various names, and divergent interpretations are placed on similar phenomena.

In the student days of the present generation of practitioners little was known or taught of the blood corpuscles, except that they were divided into two classes, the red and white. Of late years, when speculative reasoning enters into everything in the domain of science and greater facilities are afforded for accurate observations, the corpuscular elements of the blood and their supposed derivatives number more than twenty separate divisions, and each year brings steady enlargement of the number.

We have now not only the colored and white corpuscles, but the matured blood disc, the hematoblast and granule, besides the various types of the red corpuscle, as examined under the microscope and induced by artificial or pathological conditions.

The leucocyte has apparently various species, the largest and dominant having distinct ameboid characters. Some regard this as identical with the pus-corpuscle, probably because the latter, in its freshly drawn state from one of a strong constitution, possesses moderate ameboid movements.

Other histologists regard the leucocyte as a phagacytic agent of great activity, while other later investigators deny to it this property. From its itinerant, wandering propensities it certainly is yet extremely uncertain just what purpose it serves in the economy. It is true that we can see the larger leucocyte spread widely out its sort of tenacular prolongations and engulf whole groups of bacteria at once, but whether it eats them, destroys them or simply gathers them up to again liberate them for fresh efforts is not proven, though the weight of evidence tends to show that this body possesses phagocytic or bactericidal properties.

The colorless corpuscles in number or in proportion within the blood are variable, both in disease and health. Their relative scarcity would imply probable truths of a previous statement, viz., that their presence is only incidental in the circulation. We find them present in the human blood in the proportions of from one to eight hundred or less, and as scarce as one to twelve hundred red globules, the average being about one to seven hundred and fifty.

In the mesoblastic canaliculi of the fetus until the third week the blood is colorless or only faintly tinted, and no red corpuscles are yet present. All the corpuscles are now colorless, though none can be found which correspond in characters to the leucocyte.

The leucocyte is a nucleated body, much larger than the colored globule. Hayem says that it is the least vulnerable of the corpuscular elements of the blood, and yet, in the presence of this statement, Bizzorzero noted as a constant phenomenon that when blood is withdrawn from the body the proportion of leucocytes found is very much diminished.

This experience of this noted Italian scientist has been supported by my own experiments on the mesentery of the kitten and pup. In no instance was I able to discover the same numerical proportion of leucocytes in the withdrawn blood as could be seen to exist in the living,

moving current. My own estimate was a loss of more than a fourth in transit. How, indeed, they disappear under these circumstances is difficult to understand.

This phenomenon, however, points to the instantaneous and great changes which occur in the blood through very trivial disturbances or exposure.

The leucocyte, if not a scavenger, is a notorious itinerant and may be found in any tissue of the body which is traversed by blood vessels; moreover, in avascular structures, like the cornea, when the seat of inflammation, these corpuscles invade them in considerable numbers.

Until lately it was generally taught that pus corpuscles and leucocytes were identical, the theory being that in the presence of all localized inflammation, by a process of diapedesis, the leucocytes left the capillaries in great numbers in their eager advance on the invading army of microbes. It was believed that they were chiefly concerned in the throwing up of intrenchments and thus walling off the area of infection; that they then turned on the myriads of invaders and devoured them in such numbers as to entail self-destruction, when they were thrown off, dead, in the necrotic process of suppuration, or became encysted, liquified and resorbed.

This, like many other captivating theories, was quickly seized on to throw more light on pathological processes, but the investigations of many later experimenters place it in a doubtful light.

In my own studies on diapedesis, in the normal state of the tissues and after provoking inflammation, I was forcibly struck with the fact that diapedesis is equally active in physiologic as pathologic processes, and that in inflammatory conditions the red corpuscles left the vessels in equally large numbers. After the peripheral stasis of inflammation has set in there is an extensive transudation into the surrounding tissues of all the elements of the blood. After this has been well established we have those retrograde changes which lead to a reversion of protoplasmic elements from which the pus corpuscle is probably evolved.

(To be continued.)

L'ONANISME CHEZ LA FEMME.

BY DR. POUILLET, FRANCE.

Translated from the sixth edition by Dr. F. E. Chandler.

(Continued from last Number)

CHAPTER II.

(Continued).

By the side of the form already discussed we will place two particularly refined varieties, which may be named: The first, vagino-uterine masturbation; the second, uterine masturbation.

VAGINO-UTERINE MASTURBATION.

This maneuver, happily unknown in our country, I think, denotes a consummate skill in the art of inventing new pleasures, a skill due to the idleness in which are plunged women of a certain rank in China and Japan and the Odalisques who people the harems of India. These women bring about the venereal spasm in themselves by determining a slow and continued agitation of the genital nervous system by means of a special instrument.

This is composed of two metallic spheres, usually in gold-plated brass, which are extremely thin, of nearly the same size, and whose volume rarely exceeds that of a good-sized pigeon's egg.

One of these spheres is of such size as to readily contain the other, the diameter of which is a trifle less than that of the first, and so can roll about in its concavity. The second sphere is empty.

If these two balls are placed in apposition and held in the hand they immediately cause a kind of vibration. We notice a prolonged sensation of trembling which is maintained by the slightest muscular contraction or most delicate movement.

The empty sphere is introduced into the vagina as far as the cervix uteri; the other—the male—is then placed in such a manner as to touch the first.

The slightest movement of the hips or of the pelvis displaces and causes the solid contents to roll about in the encircling sphere; the resulting vibration, increased by the hollow sphere, which vibrates in unison, is imparted to the nervous system of the vagina and of the uterus. The venereal erethism begins.

All putting in play of the apparatus now becomes useless; the fibrillar contractions of the vulvo-uterine passage suffice to keep up the slow, continuous and uniform vibration, which soon conducts the woman to the apogee of excitement and procures her a spasm of delirious intensity.

UTERINE MASTURBATION.

I stated that the preceding method of masturbation was unknown in our country; there are, nevertheless, women within our borders whose depravity may be compared with that of the Japanese, Chinese or Hindoo females.

Some inveterate masturbators, who can no longer call up any sexual feeling either by vaginal maneuvers or by manipulation of the clitoris, have conceived the idea of tickling the mucosa of the uterine cavity with foreign bodies. We shall, in the course of this work, call attention to several cases of this kind.

CLITORIDIAN MASTURBATION.

This form is more common than the preceding ones. I have subdivided it into: First, personal; second, extraneous.

First, personal clitoridian masturbation.—Individual and solitary manualization is of all varieties the most usual, and is as common in adults as in young girls or children.

It consists in more or less rapid movements of tickling or rubbing imparted with the finger or with some one of an almost endless variety of instruments, upon the dorsum, or prepuce of the clitoris until the venereal spasm is produced.

There are cases where particular movements replace the hand or other objects.

Thus, running a sewing machine, sitting in a certain position so as to produce a friction of the thighs upon each other, or of the genitals upon the corner of a piece of furniture, the arm of a chair, the edge of a mattress or pillow, or finally, various contortions of the body are sufficient for some women.

Here are two observations taken from the "Journal des Sage-Femmes," which borrowed them from the "Revue Scientifique" shortly after the first publication of our work in the "Tribune Medicale."

"Facts of this sort," said the author while speaking of masturbation in children, "are not absolutely new, for our attention has long since been called to the habit of onanism in very young children, but this case seems extraordinary, even from that point of view:

"In November, 1873, Dr. Palle, of Epernay, sent me a little girl, seventeen months old, who had been a confirmed onanist for some time. She not only gave herself up to vicious actions with her hands, but she used also her thighs and legs to cause the venereal spasm. The general appearance of the child showed but too plainly that she had succeeded only too often in her endeavors.

"Extreme irritability of the nervous system, loss of appetite, excessive loss of flesh, anemia, dark circles around eyes, which were deeply sunken in their orbital cavities, such were the essential and striking phenomena presented by this child.

"Six months later, that is to say, in July, 1874, a little girl, scarcely one year old, was brought to my office. This child practiced onanism furiously. She always insisted upon being placed upon the floor, but whether there or upon a chair she immediately commenced movements of the

pelvis and legs which resulted in causing the venereal spasm.

"At my request, and to permit me to verify the fact, the child was placed upon a stool. Scarcely was she seated in this, her favorite position, when she commenced to make continuous to and fro movements of body and legs, kept up for at least two minutes; at the end of this time we saw her throw herself backward and writhe convulsively, while uttering little screams. When she came to herself again she immediately took her former sitting position and tried to recommence her maneuvers, and vented in tears and anger her spite at being prevented by us from carrying out her designs.

"This child presented very nearly the same morbid conditions and external appearance as the preceding case, but had in addition a local trouble of paramount importance. There was an intense vulvitis. As is well known, vulvitis in these cases is often the cause, as well as the effect of the trouble."

Second: Extraneous Clitoridian Masturbation.—This is of two kinds, A, human, or B, bestial.

A, Human.—Sometimes lascivious old men, or depraved younger ones, for a sum of money paid to "procuresses," or even to the parents, commit shameful digital or lingual maneuvers on the poor little children, who do not understand much of what is being done, but who, unfortunately, will remember it later in life. Sometimes depraved girls are found in young ladies' boarding schools or in workshops who instruct their companions in the various methods of procuring illicit pleasure.

Finally, some young girls or married women who, the former through fear of pregnancy and the latter because of being unable to procure any enjoyment the natural way, force their lovers or husbands, vel manu vel lingua, to procure them venereal pleasure in return for the favors they allow them.

Sometimes, indeed, the husbands or lovers are the ones who take the initiative and force their unhappy companions to undergo all kinds of lascivious practices.*

* Bergeret, des fraudes dans Paccomplissement des fonctions, pp. 167-168.

Conjugal onanism, which is very common in our epoch, did not escape the observation of Doussin-Dubreuil, although then much less common than now.

"What I cannot conceive," said he, "is how grown men who know perfectly how dangerous an excess of masturbation is, can employ a like method on persons to whom they are united by the most sacred bonds.

"How can they ruin the health of a person who is dear to them? These libertins must know that outraged nature will sooner or later make them repent of their extraordinary conduct.

"He who performs this strange service must learn that besides the serious accidents to which he exposes her whose senses he exalts and fatigues, he must expect to have his kindness and affection received after a time with progressive, involuntary coolness."

B. Bestial.—This method of masturbation is far from being rare, especially in the large cities. The prostitutes and members of the demimonde are the ones who are most given to it. They offer clitoris and vulva ad linguam canis, who is usua ly specially trained for this disgusting practice. This is a well-known fact, and need not be insisted on.

URETHRAL MASTURBATION.

The whole of the vulva is endowed with most exquisite sensitiveness, which is more intense in certain parts than in others, and we may even say of a different quality in the different places. It is this diversity which explains the non-uniformity of onanistic practices. A woman, for instance, in whom clitoridian maneuvers cause nothing but fatigue or hysterical attacks of laughing or crying, may have a most intense venereal spasm after titillation practiced at the introitus vaginae and vice versa.

This may possibly be the explanation of certain onanistic acts that would be otherwise considered as veritable aberrations, for before touching the extra-genital forms of pollution we must insist upon the fact that vagina, clitoris and uterus are not the only sensitive points in the vulva that women submit, in

their search for sensual pleasure, to rubbing and titillation. The meatus urinarius with its erectile button, and the two little glands whose orifices may be seen right and left of the entrance of the urethral canal itself, are for some persons the principal and almost exclusive foci of erotic pleasure.

Whatever may be the cause, the meatus urinarius and the commencement of the urethra form a centre of voluptuous sensation that more women than we imagine develop abusively by repeated touching.

Some even go farther. In the hope of new and more acute enjoyment, they tickle the depths of the urethra with the most diverse bodies, without for one moment thinking that to the dangers resulting from onanism they add the imminent risk of losing, in the urinary passages, the instrument they are making use of. In a subsequent chapter we shall mention a number of cases which prove that urethral masturbation is a form of onanism that is not infrequently practiced.

Accessory Practices. — These already mentioned different and principal methods of feminine pollution are often accompanied by accessory maneuvers with the nymphae, such as pulling, rubbing, twisting, etc., whence result elongation, withering or hypertrophy of the labia minora. In many women given to this vice, these extend beyond the labia majora, become discolored, calloused and destroy the harmony of the genital forms, while being the locus originis of different ailments.*

Before finishing this chapter, we must call attention to the fact that some "blasees" do not hesitate in their morbid ingeniousness to have recourse to some very strange practices, either before or simultaneously with genital masturbation. I refer to mammary or anal defilement.

The intimate connection between the breasts and the generative organs is also well known.

The union is such that the erection of one of these parts is usually followed by orgasm of the other. Now, certain women, well aware of this correlation, do not hesitate to make use of it and seek "lingual kisses" and extraneous manipulations to calm their monstrous appetites. They indulge in tickling the erectile extremity of the breast, the nipple or, as Ch. Mauriac calls it, "the third centre of sexual innervation."

"Although infinitely less active than the two others," says this author, "it possesses or acquires, in exceptional cases, such a faculty of voluptuous erethism, that its titillation, either uni- or bilateral, can provoke in all their plenitude and intensity the sensations of the genital spasm, together with the emission of the accompanying vulvar liquid. Although rare, the fact is nevertheless authentic. Some extremely lustful women have been known to commit onanism in this manner, although they by no means neglected all other natural or artificial methods of inducing the venereal paroxysm.

* Martineau, Lecons sur les deformations vulvaires et anals, 1885, Paris.

CHAPTER III.

CAUSES.

The nerves which supply the female sexual organs come from two sources—those of the vagina from the hypogastric plexus and those of the clitoris from the sacral plexus.

The ischio-clitoridian nerves spread over the dorsum of the clitoris, and after sending numerous filaments into the corpus cavernosum lose themselves in the upper folds of the nymphae that surround the clitoris like a prepuce. It is in this prepuce that Prof. Sappey places the centre of venereal pleasure.

It is, I believe, generally admitted that the male usually finishes the act of copulation before his partner, who is, under these circumstances, passive. It often results then, that the woman is only more or less excited when ejaculation puts a sudden end to the sexual congress.

This relative slowness in the production of the venereal spasm seems to have been malinterpreted by certain authors, who do not hesitate to affirm that women are less than men given to the pleasures of love.*

* c. f. Londe, Hygiene de l'Encephale, vol. i, ch. 6.

This statement is far from proven, and it is hardly worth adducing, contrary to the opinion of Londe, the salaciousness of the women inhabiting warm countries, a fact known of all antiquity.

"Aegyptiacas faeminas Veneris in tantum famelicas esse, narrat Herodotus, ut cum hircis rem habent."

Then I need only mention the names, well-known in history, of Semiramis, Queen of Assyria; of Julia, the daughter of Augustus; of Messalina, the wife of Claudius; of Agrippina, the mother of Nero; of Faustina, the wife of Marcus Aurelius, and of Eusibia, the consort of Constantine the Great.

Americus Vespucius, writing of the inhabitants of the New World, wrote: "Ad quamquam novi orbis oram appulit, ubi mulieres libidini adeo erant devinctae, ut, baccantum more, in nautas furerint?"

Dr. Guillemeau* informs us that in Patoni, in the peninsula of Malacca, the men are obliged to wear breech clouts to keep off the too enterprising members of the feminine population.

So much for the countries where the thermometer ranges high throughout the year; now among the women of the temperate and cold latitudes, history has handed down to us the names of the Duchesse de Berry, the daughter of the Regent; of Elizabeth Petrowna, of Russia, and the wife of Peter the Great; Catherine II, who counted as high as a dozen lovers at once. Have these women not equaled and surpassed in erotism the most lascivious men?

The continuation will show that these facts may aid to determine some of those causes of manualization which are but slightly known.

The causes of onanism may be divided into five heads:

(a) Physical causes. (b) Social causes. (c) Intellectual and moral causes. (d) Mixed causes. (e) Religious causes.

(a) PHYSICAL CAUSES.

I subdivide these into 1, particular; 2, morbid; 3, mechanical.

First, particular physical causes. These may also be named predisposing natural causes; these are the temperaments and the idiosyncrasies.

It is certain that women of biliosos-anguine, bilioso-nervous or nervoso-sanguine temperaments of genital predominance or idiosyncrasy are, other things being equal, more inclined to manualization than others. It is also certain that dry and warm climates are more conducive to onanism than cold and damp regions.

Second, morbid physical causes. Want of care and cleanliness allows the smegma to collect between the labia majora and the labia minora, and especially below the prepuce of the clitoris. This smegma according to MM. Robin and Littre is merely a product of the accumulation of detached epithelial cells moistened by the liquid that exudes from the genital mucosa.

This material mixed with dust from the street acquires, while putrefying, a certain acridity which causes a slight amount of itching in the organs of generation.

To cause its cessation, the child rubs and scratches itself, and discovering that a certain amount of pleasure follows this procedure, she recommences, once, twice, ten times—she has become an onanist. This is one of the most common causes of masturbation in little girls.

The same thing is true of vegetations of the introitus vaginae as well as of the meatus urinarius and vulva; of vaginitis, simple and specific, at its commencement; of inflammation of the vulva, vaginal glands and especially true of vulvitis.

"Inflammation of the vulva," says A. Guerin**, "has this danger for young girls. They instinctively carry their hands to their privates and finish by discovering that vice which is not always cured by marriage."

Of the different varieties of vulvitis, that called "oestral," which is localized at the clitoris, its prepuce and in the vicinity of the meatus, will infallibly drive women to manualization.

** "In this form the pruritus is extreme, the clitoris is in continual erec-

* Polygenesie.

* Maladies des organes genitaux chez la femme, p. 259.

** Des ecoulements blenorrhagiques aigues et chroniques.

tion, and the patients, whatever their native modesty, cannot restrain themselves from frequently carrying their hands to their vulva and rubbing themselves violently.

"As soon as they are alone they give up shamelessly to masturbation. In spite of everything, they will have the venereal act. Their faces are red and animated, their glances wanton and provoking, their remarks engaging and lascivious; in short, they have in a lesser degree all the symptoms of nymphomania."

Pruritus vulvae and certain diseases of the skin and mucosa bring about onanism.

Among these are psoriasis and eczema of the labia majora, vaginal erysipelas, intertrigo, etc. These diseases are mostly local, but others, as general eczema, the itch, etc., will bring about the same result.

Vicious conformation of the genital apparatus may have the same effect. Roubaud*** says, in describing the case of a woman without uterus and whose vagina had only the depth of one's finger:

"The venereal sense, without being very energetic, exists. Before becoming a prostitute, this woman had loved, and because coitus was painful, on account of the shortness of the vaginal canal, she found pleasure in handling and masturbation."

Inflammations of the uterus, polypi, etc, the fibrous growths of this organ, are considered by some practitioners as predisposing to manualization. Deslandes says that M. Calmeil found in a monomaniac with unruptured hymen, and who gave herself up to the most unbridled onanism, the os and part of the cervix of a violet color, softened and ulcerated.

The objection may easily be made that in the case just mentioned the condition of the womb was less the cause than the result of genital excesses, but we cannot say the same of those cases where M. Lisfranc saw cauterization of the cervix uteri followed by a kind of erethism of the genitals with intense sexual desire.

Diseases of the ovaries do not seem to be without influence upon the production of masturbation. Vesalius, Riotan, Lieutaud and others have observed alterations in the ovaries of nymphomaniacs.

Blegny* says that a patient in the Salpetriere, subject to frequent attacks of uteromania, and dying in one of them, was at the post-mortem found to have extensive morbid changes in the right ovary and fallopian tube.

We have also to consider as an active, or, perhaps, as only a predisposing cause of manualization, the ingestion of aliments and medicaments which cause congestion of the genital apparatus. Under this head would come food spiced with pepper, cinnamon, cloves, nutmegs, vanilla, and truffles; exciting and spirituous drinks, cantharides, phosphorus, saffron, absinthe, rue, savine and all the emmenagogues. I will add certain strong odors of flowers or perfumes: musk, benzoin, patchouli, etc., which act upon the nervous systems of many impressionable women.

The drastics taken internally or by enema produce an analogous action; so will chronic constipation, and the presence of scybalous masses in the rectum, which cause reflex action of the sexual organs and act as an irritant, resembling in this the disturbance caused by the presence of a pessary, or sponge, or any other object in the depths of the vagina.

Of encephalic diseases I will mention only nymphomania, although some others seem to exert an influence on the genitalia.

Idiocy, however, I must not omit, for according to all the specialists in diseases of the brain, the solitary passion exists in the highest degree in idiots as well as in certain insane patients, whose genital organs are in a constant state of excitement, and who hasten by their maneuvers the fatal term of their malady. Esquirol says:* "These beings give themselves up to this deplorable habit in excess, shamelessly, before anyone and everywhere, and seem to live only for onanism."

Who is not acquainted with the case reported by Silvestri, of Paler-

*** Traite de l'impuissance, etc., pp. 537-538.

* Journal de Medicine, vol. xxv.

* Maladies Mentales, Vol. II, p. 331-336.

mo, of a young idiot girl, who had masturbated from childhood, and had so dilated her vagina that she could introduce her hand and part of her forearm into it, which she withdrew covered with a sanguinolent fluid which ad os suum portavit?

Phthisis is given by some authors as another incentive to onanism. I am of their opinion, but think its development is often the result of these practices.

Other diseases have been mentioned by various practitioners as conducive to the solitary habit. The proofs are, however, hardly of sufficient weight as yet, to justify the supposition.

(To Be Continued.)

Editorial

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SIGNS OF CLEARING IN THE ATMOSPHERE.

At the time when the wholesale dismissal of visiting staffs of the New York hospitals went into effect, President Porter, of the Board of Charities and Corrections, when approached by newspaper reporters, who were desirous of learning how the Board proposed to overcome the hostile attitude of the displaced physicians, alleged that the changes had the approval of the profession, with the exception of a few "sore heads who had to walk," and that after a few days all signs of opposition would blow over and nothing more would be heard of it.

By a united and determined attitude on the part of the profession at large in New York, primarily directed against this individual, the Mayor has been forced to act, and begin the good work of "reorganization" by deposing him and transferring to another department a second charity commissioner.

This leaves but one of the three who have rendered themselves conspicuous and open to hostile criticism for the gross outrage which has been committed and the grave wrong imposed on a large number of prominent practitioners in the late colossal hospital grab by the medical colleges.

moved from the possibility of doing further harm, an opportunity will be

Now, that Mr. Porter has been repermitted him to realize his qualities in the role of a reformer and a prophet; and that when the medical profession, as a whole, is moved to action its reasonable demands must not be ignored; nor will it with indifference endure the indignities and insults which it was always his pleasure to heap on it.

As a matter of fact, never has the profession been more aroused to aggressive action, determine to have the whole conspiracy unearthed.

And, after all, forthcoming events without question will prove that the Commissioners have been nothing more than mere tools, and had been led into a trap by unscrupulous cohorts, whose sole aim and object was to monopolize and hold as a mammoth trust all the hospital patronage of New York.

The prospects now, however, are that their acquisition would be short-lived.

Mayor Strong has recently appointed a gentleman of high scholarly attainments and a war veteran, General James R. O'Beirne, to succeed Mr. Porter, and Mr. J. W. Croft, a

business man, succeeds Commissioner J. B. Wright.

At the present time, both county medical societies of New York and the Academy of Medicine have commenced action, and in the near future we may look for revelations which may force our medical organizations to employ all the powers at their command to force the adoption of such a course as will satisfy the demands and vindicate the position of those who so lately have been made the victims of unprincipled and selfish miscreants, the late conduct of whom no language is sufficiently strong to properly denounce.

The leading medical journals of America, notably the New York Medical Record, the New York Medical Journal and the Journal of the American Medical Association, with several others, deserve unstinted praise for their aggressive stand against the action taken by the medical faculties of the three principal colleges of New York to monopolize all the medical appointments in the public hospitals thereby centralizing power and creating an aristocratic trust, and making is impossible for one to even aspire to a position of prominence or distinction in his profession unless identified with a teaching body.

Our great nation is now in imminent danger of being drawn into a war with one of the most powerful empires of the earth, because of the latter's propensities to extend to an unjust limit its boundaries and encroach on the domain of a feeble, defenseless Republic. Let us look to it, then, with vigilance, that the "crooked lines" in our profession are straightened; that the independence and prerogatives of every practitioner are jealously guarded; that the scheme so suddenly sprung on the profession in New York is nipped in the bud, for its success and permanency means an extension of the principle to other American cities.

But we maintain an abiding and unswerving faith in the loyalty of our profession and will await its ultimatum on the unfortunate state of things now prevailing in New York, with a firm conviction that in the end right will triumph.

USEFULNESS OF SUGAR.

The value of sugar as an article of diet is universally conceded by all authorities whose opinion is worth having. It is used in an almost endless variety as a nutriment and a condiment, without creating the least suspicion of any injurious effect, within the limits of ordinary prudence. Of course, when eaten to excess, even by perfectly healthy persons, or by children with an hereditary tendency to diabetes, bad results may follow from eating sugar, just the same as in cases where meat or fruit is taken inordinately or out of season; but in these cases any evil which may follow must be ascribed to the abuse rather than to the use of these things.

There is no reason or excuse to dispute this position as to the nutritious or healthful character of sugar, within the limits named. Some scientific authorities have gone so far as to assert that it is possible to maintain life for a considerable time on no other diet than sugar.

As it is no part of our purpose to assume debatable ground on this question, we will limit ourselves here to saying that sugar is highly nutritious, promoting the growth of fat and lactic acid, and furnishing the material for the maintenance of respiration and promoting heat in the system by its oxidation. It lacks, however, oxygen, which alone prevents its being available as a universal and permanent food for animal life, and of course this must be sought elsewhere.

ENTERPRISING MEDICAL JOURNALISM.

Our esteemed contemporary, the New York Medical Record, in an editorial in its December 28 issue dilates on its enterprising methods which will be carried out the coming year of 1896 respecting its typographical composition in the following manner: "It will interest the many readers of the Medical Record to know that its circulation has increased so greatly that it is no longer possible to print it from type." . . . "To meet the requirements thus made necessary we shall set the type of the Medical Record by machine and electrotype the pages as fast as they are made up." . . . "The Medical Record will thus be, we believe, the only medical journal in the world printed from electrotype plates and on modern newspaper perfecting presses. It marks an epoch in the literature of medicine," etc., etc.

Poor old New York!!! Just coming around to what "slow" Philadelphia has been doing the past two years in practical medical journalism. True, the Times and Register has not seen the necessity of electrotyping its pages, because our machine set type, new every week, has been sufficiently strong to bear a hundred thousand impressions, if need be, or even more. The Record calls it "an epoch in medical journalism." If so, it is certainly nearly fifty per cent. cheaper than hand composition, and we have been doing it to save expenses, and we rather suspect that this is the object of our worthy contemporary.

However, we wish the Medical Record abundant success in their new enterprise, if it can be called "new," and trust that the new year may bring it the support it well deserves as a medical periodical of high order.

ANOTHER CHANGE IN LOCATION.

We learn that our contemporary, the Medical News, of Philadelphia, has removed its editorial office, with a change of editor, from this city to New York. This, with the similar removal of the Medical and Surgical Reporter some six months ago, and our own removal of our editorial office, makes the third exit of prominent medical journals from the "Quaker City" within a short time.

It may be wondered by the profession as to the cause of these changes in location from the former medical centre of Philadelphia. Personally we have nothing to attribute it to except a lack of financial support from the medical and pharmaceutical houses of the home city, but we believe that this is the active cause with the other publications mentioned. In this respect there are notable exceptions, but to a large extent home manufacturers fail to support home medical journals in Philadelphia.

--- Electro-Therapeutics ---

DR. S. H. MONELL, Editor.

TONICS IN CONVALESCENCE.

With Special Reference to the Nutritional Effects of Vibratory Electrical Administrations by the Author's Method.*

BY S. H. MONELL, M.. D., BROOKLYN, N. Y.

The treatment of headaches and neuralgias by means of rapid mechanical vibration, and the successful treatment of deafness and tinnitus aurum by an instrument projecting vibratory motion (massage) into the internal ear by means of sound waves, have received medical attention within the past two or three years. Rapid mechanical vibration, growing out of slow manual massage was suggested by Dr. Taylor in 1862, and since then has been employed to some extent, chiefly for the relief of pain in chronic affections and for its admitted power to improve nutrition. The chemico-physics of vibration relate to the transmission of motor energy to the vital tissues, and its transformation in them to chemical energy, resulting in increased oxidation and elimination of the products of waste.

A very considerable advance upon mechanical methods which deal with motion alone is to be found in electrical vibrations—in pulsating currents—which impart not only molecular agitation to the semi-solid and fluid tissues of the body, but something also besides mere motor-energy, which manifests itself in distinctive physiological ways, which we can recognize and appreciate, although we are still ignorant of what an electric current is. In the form of general faradization, for instance, we secure the combined effects of vibratory motion and an electro-therapeutic energy of a decided kind. Dolbear asserts (1893) that "electricity acts primarily upon molecules; that it disturbs their arrangement, shakes them apart, so to speak, and permits a new and better arrangement of them in morbid states." As long ago as 1777 we find Cavallo recording the belief that "electricity assists that innate endeavor by which nature tends to restore the sound state." To this useful function I shall now devote a few moments consideration.

If it is the first consideration of therapeutics to prevent disease, it is certainly of almost equal importance to repair its ravages. It seems to the writer that on too many occasions we are content with relieving pain, reducing temperature, carrying our patients through acute crises, operating brilliantly, or employing chiefly those palliative measures to which the limitations of our science unfortunately often restrict us. The rest we are prone to leave to nature. Indeed it has been well said that the "triumphs of medicine thus far have been in alleviating pain and in the prevention of disease, rather than in the cure of actual and active morbid processes."

But to all classes of cases—the child delayed in resuming its mental

*Described in Times and Register, September 9, 1893.

and physical training for future work, the son or daughter about to enter business or society, the business man in enforced detention from his active interests, the workman losing his needed wages, the wife or mother on whom the home depends—to all these alike the period of convalescence, of reconstruction, possesses an enormous material importance.

The sequelae of acute and short-lived diseases often prove more tedious and disastrous to the patient than the initial invasion. States of anemia, of deficient innervation, of organic and functional debility, of lessened tissue resistance, are created which unfit the individual for the duties of life, or render undue exertion dangerous; and out of which the slow processes of imperfectly-aided nutrition conduct him with faltering and leaden step. Relapses occur which renew and prolong anxiety, and when recovery is complete (?) there may or may not be the fullest possible restoration of anatomical integrity and the processes that maintain sound health. I need mention no more than the frequently protracted convalescence from typhoid states, from influenza, from scarlet fever, diphtheria, dysentery to call to the mind of the observant practitioner an endless procession of illustrative cases. So, too, in many chronic cachexias, whether the cause is removed or not, "vitalization of tissue is what these patients need." They need fortifying against toxic attack. For obvious reasons the specialist, surgeon and consultant, does not usually concern himself with hygienic and general measures directed to the ultimate removal of the effects of a disease which no longer exists, or of a cause which he has employed his special skill to eliminate. This is the province of the physician, and in a great measure his success in practice will be proportioned to the care with which he finishes up his cases.

It is now my intention to pass over the familiar tonic agents, because we all know them, and to speak of one of great value, but as yet too vaguely appreciated in general practice. It is one of the curious phases of medicine to-day that it often reserves the aid of electricity till all else has failed, till organic lesions have obliterated nerve cells and nerve fibres, both functionally and structurally, and then demands that electricity, to prove its power, shall in effect "reconstruct an organized animal tissue from its ashes." I shall not debate the question of whether this medicinal agent can create something out of nothing—life out of local death—for only its opponents seem to expect that; but it is my purpose to refer in brief to one of its humbler yet still valuable properties. Says a prominent teacher of therapeutics: "One characteristic and almost invariable effect, due to electric stimulation of the peripheral nerves and their end-organs, is the improved nutrition of the patient. It is a matter of common observation in a clinic where the poor are treated by electricity alone, and in a great variety of methods, local and general, that they make a rapid increase in weight and general health, irrespective of the progress which may ensue in the disease for which they are under treatment." Indeed, the latter may be an incurable one, but we can often treat the patient when we cannot successfully treat the disease, and even in such cases the results may be exceedingly gratifying. Phthisis in its first and second stages is in point.

In a recent paper read before the neurological section of the American Medical Association, Dr. Rockwell emphatically states: "It has always seemed to me that the most important thing in the use of electricity in medicine, the fundamental idea upon which all its therapeutics is based, is its nutritional power. It is this idea which, in connection with Dr. Beard, I enunciated many years ago, and upon which I have based almost everything I have said or written upon the subject since." My own experience of several years devoted especially to the uses of medical electricity has afforded me ample proof of the correctness of the above views; and I may say in passing that I value the services of this agent far more for its utility in a thousand practical

every-day cases than for its power to occasionally benefit an advanced stage of some rare and incurable lesion of the central nervous system.

In the widening range of currents now offered to the expert in electrotherapeutics there is an opportunity to select our method according to our case. Local applications for specific local purposes are not here referred to by the author, although certain local methods extend their influence into the general nutrition; but of the effects of what is known as general electrification, whether by galvanic, static, sinusoidal or faradic currents, I propose to speak particularly. They are all valuable tonics. In convalescence they may be considered alterative, tonic and restorative, capable of doing excellent service unaided by drugs, and more directly in the line of hygienic and climatic influences. If bodies in low states of health are found to be negatively charged, then the positive charge (which is the rule in health) derived from the static machine is in the nature of a change of climate, and in fact is quite often as beneficial. The pre-eminent place in nutritional effects must be allowed to the constant galvanic current when the central nervous system is principally at fault, but when the debility is rather muscular, circulatory or functional, then my preference is for an interrupted current capable of producing a powerful impression on the peripheral nerve filaments and stirring to their depths the trophic centres. The induction apparatus which I designed a year or so ago, and made by the Kidder Manufacturing Company, is excellently adapted, by its ease of adjustment and manipulation, to general faradic treatment. But in September, 1893, I described a new method of administering an interrupted (oscillating) static current, and it is this, method originated by me, which I employ in the large class of cases requiring an energetic re-invigoration of vitality. Administered without the removal of any of the patient's clothing and involving no tedious technique or bath-tub apparatus, I nevertheless regard it as an efficient substitute for the d'Arsonval high frequency bath, for electric baths in general as given in this country, for the Kellogg sinusoidal application, and, for the most part, for general faradization. If direct muscle massage is indicated the static spark is demonstrably one of the most effective methods of producing it, and we have but to add its local influence to the general administration to secure nutritional alterations of a pronounced character. Regarding the muscular contractions produced by the local spark as a gross massage of the tissues it is considered that in the general vibratory administration of a rapidly alternated potential we subject the constituent particles of the tissues to an insensible molecular massage, the benefits of which are apparent in the vaso-motor system; in better circulation, in increased excretion, in better oxidation, better appetite, better digestion, better sleep, more cheerfulness, more vital energy, in short, in an increased functional stimulation and general progressive improvement. This is just what we want in convalescence from acute prostrating diseases; just what we want also in every case of lessened tissue resistance when restorative measures are indicated and are practicable.

Mr. B—, age 30, spare build, nervous temperament, excessive smoker, occupation sedentary, consulted the author December 5, 1893. Had been out of bed but one week since an attack of pneumonia. Presented evidences of great debility. Came especially for electrical treatment of his right arm, which was in a state of fatigue paralysis from long-continued excessive use. Apart from his local needs he was submitted to general static treatment. My case book shows that on December 18, after nine sittings, he had gained six pounds in weight and "100 per cent. in sense of well-being" and energy. Under regular treatment by nutritional electrization his convalescence rapidly proceeded, despite his immediate return to his desk employment, until with practically no other exercise than that afforded by the static massage given intercurrently with the general administration he became more athletic than at any previous time. While his muscular

strength and endurance were being developed to a high state it was remarked that his pallor gave place to that color of health which is usually conferred only by outdoor life. In fact, the effect of sunlight vibrations had been simulated by the vibrating electric current, which Tesla declares he will turn into sunlight if he can only make the vibrations fast enough. This complexion effect I have frequently noticed and it is a very remarkable and suggestive one. Mr. B— was under treatment for his arm for three months. His general recovery of vigor was apparently established in half that time. It is unnecessary to follow the details of his improvement, but during the course of the three months I had a number of opportunities to demonstrate the quick corrective influence of vibratory static electrization in temporary functional derangement. An instance or two may be cited: January 6, 1894, Mr. B— called at 5 o'clock P. M., stating that he had been obliged to work all the preceding night, and, as usual, all day. To use his own expression, he felt "bunged up and wanted some static." Fifteen minutes of vibratory potential alternation removed entirely his sense of fatigue and imparted something to the tissues, which (whatever electricity is) had a sustaining effect besides the mere restfulness. On the eighth he reported that he went home, "slept like a top and awoke next day feeling finely." At another time he appeared at my office with acute myalgia from sitting with a draft on his back all day during repairs to the building where he was employed. The usual general electrization, with counter irritant short sparks to the affected muscles entirely corrected the myalgia and restored his customary sense of well-being. Recent lumbagos generally yield to static electricity in from one to three seances.

November 28, 1894, Miss W—, convalescent from intermittent fever and still having recurring chills, was referred to me for quick restoration, if possible. She informed me that she had engaged to deliver an important lecture in about a week, and was exceedingly anxious to get her strength back, so she could do it. She could barely sit up half the day, and her voice tired so easily that to use it for talking to an audience was out of the question. Nevertheless, assured of her co-operating as fully as possible in our effort to hasten recovery I began to give her two half-hour nutritional treatments daily—one in the morning and one at the time of usual exacerbation. She was placed in a reclining steamer chair on the static platform and enjoyed perfect rest while being treated. Anti-malarial remedies were also pushed. On several occasions a vigorous spark application seemed to abort a commencing chill. Her vocal cords were also treated with a static induced current. The results were most happy. In twenty-four hours she was making visible progress. My record of December 17 is as follows: "Miss W— has felt entirely recovered for several days; needs no more static. Two treatments daily for a week, with a second week of one treatment per day, restored her quickly from a condition of extreme debility. She was continued upon a course of iron and quinine to prevent relapse. Four months later she reported herself in uninterrupted health.

The profound restfulness and comfort produced by vibratory potential alternation elicits many expressions of satisfaction from patients. Employed conjointly with other indicated therapeutic and hygienic measures in debilitated states I know of no method of electrical treatment preferable to it in many cases. In either acute exhaustion, fatigue from worry and work, brain fag, or more chronic conditions of debility, neurasthenia and anemia it is extremely useful.

Two years ago I reported a case of nearly lifelong chorea in a single lady now 52 years old, and prior to my treatment extremely neurasthenic, anemic, emaciated and weak. She has been under occasional observation since my report, and has held the decided benefit obtained during her two months static treatment. Mr. B—, from whom I recently heard,

also informs me that he has remained in splendid health. So much for the permanency of effects in these cases.

While at times a patient will be found who does not seem to respond readily to the tonic influence of general electrization, yet this is no more than must be said of other time-tried agents, which will fail us repeatedly. I have found general electrization to be particularly disappointing when the condition known to the laity as biliousness is present, even in so mild a degree as to cause scarcely a noticeable malaise. A torpid liver will defeat a static machine single-handed, as it were; and, until the portal circulation is unloaded and proper means employed to regulate hepatic action, the patient will hardly respond happily to any tonics, either of the materia medica or electrical currents. At least this is my experience repeatedly. From a large number of cases of all sorts I will now cite two instances of the power of a vibratory, high potential, high frequency electrization to correct in a single application an acute exhaustion, and without any of the reaction which may follow alcoholic or drug stimulants.

November 29, 1895. Mrs. D—, aged 45. On the 24th had a severe diarrhea, which lasted three days; since then some diarrhea, total anorexia and great prostration; could scarcely walk from the car to my office, and was assisted by a relative. Prescribed suitable remedies, but also at once gave her fifteen minutes of vibratory positive electrization. It toned up her strength so that she got home easily, and the improvement which began immediately increased steadily throughout the afternoon. As it was several hours before she procured and commenced taking the internal remedies, the restorative action of the electrization could not be attributed to them. I speak of this particular case because she was requested to observe the effect of the static application very carefully and report to me the result.

The following case is also interesting, by way of comparison: Mrs. J—, neurotic, subject to the disturbances of the menopause, has occasional attacks of what may, for lack of better diagnosis, be termed spinal hyperemia. The pain from occiput to lower dorsal spine becomes intense; movement of the head is unbearable, and she generally spends a day or more in bed. Four years ago when similarly troubled she was treated by labile applications along the spine of a mild, rapidly-interrupted primary induction current, and after a month's treatment had no return of the symptoms until lately. Last week the pain appeared again, and I this time applied a stable galvanic current with an electrode at each terminus of the affected region, and tested both Lowenfeld's advice as to polarity and the reverse. There seemed to be no difference in effect; as is the case in many theoretical reasonings about current direction. More than a half hour was devoted to the seance before the patient was sufficiently comfortable, but relief went on gradually and for several days she was free from the distress. The next time it recurred (which it usually does after fatigue and excitement) I resolved to try the effect of my vibratory method. Sparks and ordinary static applications had previously proven less efficacious than coil currents. December 19, Mrs. J— stopped at my office on her way to a reception, which she was very anxious to attend, but her spinal hyperemia had suddenly developed and threatened to prevent her pleasure. She was given twelve minutes of positive potential alternations, with speedier relief than the galvanic had afforded. She hurried away before relief was absolutely complete, but it became so soon after she got into the open air. She attended the reception, and afterward said to me: "Doctor, that static is a marvel; I never had a twinge, but felt finely all the evening."

One of the most gratifying exhibitions of the invigorating properties of this current I ever witnessed was in the case of a patient just out of bed from typhoid fever, and only able to mount the static platform by being partly lifted up to it. After the

third seance he stepped up to the chair unaided and gained strength visibly at each administration for several months.

In infantile marasmus, and in all cases of childhood debility amenable to tonic treatment (and diphtheretic prostration is a typical case in point) the infant can be held in the mother's arms upon the static platform and subjected to general electrization without alarm or conscious sensation of any kind, and without undressing. In this respect this method is unique among electrical applications, and may be employed with inestimable benefit.

In chlorotic condition, amenorrhea and derangements of schoolgirls, especially if a legacy from some earlier illness not yet outgrown, the nutritional value of electricity is of very great importance. It is vastly more useful, I repeat, when freely employed, as it should be in these cases, than when reserved for advanced stages of lateral sclerosis and spastic paraplegia. It is a sovereign tonic in the debility of old age, for the same reason that it serves us in convalescence. If individuals in general, of any age, were "finished up" through complete convalescence to the fullest possible restoration of strength by those whose skill was not found wanting in the acuter stages of disease, there would be less prevailing anemia, less neuralgia, less "nervous prostration," less dysmenorrhea, less headache and less poor eyesight in men and women; less hysterics, less dyspepsia, less disappointment in life, less surrender to the invasion of microbes, less catarrh, less phthisis, less insanity, less crime, less suicide.

I am accordingly an earnest advocate of nutritional remedies during convalescence, and in every depressed state where they are admissible. Not second in value to cod liver oil, the hypophosphites, phosphorus, iron or arsenic, but a useful adjunct to them all will be found the administration of some form of medical electricity.

Another phase of the subject may be said to relate to the effects upon the human organism of the poison of grief. Grief and shock, from a medical standpoint, are conditions admirably considered in the following citation from the Medical Record of late date: "Recent medical observations show that the physical results of depressing emotions are similar to those caused by bodily accidents, fatigue, chill, partial starvation, and loss of blood. Birds, moles and dogs, which apparently died in consequence of capture, and from conditions that correspond in human beings to acute nostalgia and 'broken heart,' were examined after death as to the condition of their internal organs, and it was found that the nutrition of the tissues had been interfered with, and the substance proper of various vital organs had undergone the same kind of degeneration as that brought about by phosphorus or the germs of infectious disease. To urge work, study, travel, the vain search for amusements, is both useless and dangerous. For a time the whole organism is overthrown. Readjustment comes slowly. Sorrow, grief and all great misfortunes should be regarded as conditions similar to acute infectious diseases, which they resemble in result and, later, as convalescence from such diseases. Seclusion, rest, sleep, appropriate food, fresh air, sunshine, interests that tax neither mind nor body, these are requirements in this class of illness."

To the writer's therapeutics for this class of cases should be added general electrization. No one informed of its nerve-toning properties and nutritional effects could withhold from these patients a remedy equally indicated with sunshine, diversion and rest. I have had the opportunity of corroborating its effects in tranquillizing overwrought emotions, and in the profound melancholia of sorrow. Also in severe shock, two cases of which I recall very distinctly, and my views of the value of nutritional, sedative-tonic electrization have been confirmed by personal experience in a large number of instances. It is more rational and satisfactory to all concerned to

treat intense grief as a disease and shorten its duration by the efficient use of electricity than to leave the patient to time and circumstances to outgrow it.

865 Union street.

ELECTRICITY IN AMENORRHEA.

Dr. Panecki, in the Therap. Monatsch., lets the profession know that the faradic current is the most successful means of treating amenorrhea. The poles should be allowed to act inside the uterus. The current can be increased at each sitting, and the treatment required, ranging from five to thirty. The doctor had them all. One was a married woman, treated eighteen cases and cured them all. One was a married woman, aged 31, who had periodical headache, etc.

Calcutta Med. Rep.

Current Medical Literature.

INFLAMMATION OF THE MIDDLE EAR OF INFANTS.

Dr. A. Hartman (Deutsche med. Wochenschrift) gives the results of investigations of this subject in the Institute of Infectious Diseases, Berlin:

1. Post-mortem examinations and examinations of the ears of living children establish the fact that 75 per cent. suffer from inflammation of the middle ear.
2. Inflammation of the middle ear can nearly always be determined by an otoscopic examination.
3. The symptoms of the otitis media consists of restlessness, elevation of temperature and loss of weight. Sometimes these symptoms are not present.
4. Very often the symptoms of otitis media are connected with bronchopneumonic processes. Probably both processes are due to the same process, vis., aspiration.
5. Death can result in cases of otitis media, slow stone atrophy, or from an extension of the micro-organism into the cranial cavity (meningitis), or into the blood (septicemia).
6. The inflammation of the middle ears of infants must receive treatment suitable for the varying conditions.

—Calcutta Med. Rep.

CHANGES IN THE RESPIRATORY ORGANS IN CARBOLIC ACID POISONING.

Leon Wachholz reports two cases of suicidal poisoning with carbolic acid in which post-mortem examination showed, among others, changes in the respiratory organs. That carbolic acid occasions certain anatomical changes in these organs has long been known, but the explanation of such changes, however, has been unsatisfactory. To elucidate the question the author undertook a series of experiments on animals, from which he draws the following conclusions:

1. Carbolic acid is absorbed into the blood, whence it is violently eliminated by the kidneys, occasioning necrobiotic changes in those organs.
2. It affects the respiratory organs in the same manner as preparations of mercury do the bowels.
3. The course of the poisoning in man and warm-blooded animals differs in that in the latter the period of excitation predominates, while coma and paralysis develop in man at the outset.

—Przeglad Lekarski.

THE MICROBE OF SCURVY.

Testi and Beri (Gazz. degli Osped.) have succeeded in isolating from a piece of scorbutic gum a micro-organism, which they believe to be the cause of scurvy. The microbe stains in all the aniline dyes resists Gram's stain, is perfectly round, and generally united with one or more of its kind. Its culture renders gelatine fluid, and gives rise to a sawdust-like deposit. Inoculation of these cultures into guinea pigs and rabbits gave rise to fever, and the necropsy showed hemorrhagic stains in various parts of the body, and nodules of connective tissue new formation. Experiments were made in four cases, and in three out of the four the above mentioned results were obtained; in the fourth case the authors attribute their negative results to the fact that the patient had improved considerably under treatment. The diplococci found by the authors differ considerably from any that are usually present in the oral cavity of man.

—B. M. J.

THE CONTAGION OF MUMPS.

Le Courrier Medical gives some interesting information concerning mumps. The incubation period varies from eighteen to twenty-two days. It is especially contagious during this period, but is also contagious for some time after cure. The exact length of time has not yet been determined. The parotid and testicular fluids and also the blood appear to contain a certain pathogenic organism, but as yet this point is unsettled. Hitherto the results of inoculation with this special microbe have been negative. Frequently the disease begins with tumefaction of the submaxillary glands and a severe angina. Sometimes in metastatic orchitis the swelling begins with an epididymitis.

A NEW TREATMENT OF KERATITIS WITH HYPOPYON.

Zirm (Wien. klin. Woch., October 31, 1895) refers to the intractable nature of infected corneal ulcers; he considers pus in the anterior chamber to be an invariable result of septic inflammation of the cornea. The ulceration usually begins quite superficially, and the hypopyon forms an index of the penetration of the microorganisms into the deeper structures. It is well known that these organisms, particularly staphylococci, have great power of resistance to antiseptics, surviving even the application of 1 in 1000 corrosive sublimate. Hence stronger measures, such as scraping, excision and the actual cautery have been adopted for their destruction. Even these have met with but variable success, and where they have stopped the disease they have often been the cause of irreparable damage to the cornea. Zirm has often noticed that the good done in the effort to overcome the disease has been more than counterbalanced by the injury resulting from the means employed. He instances the secondary glaucoma resulting in many cases from Saemisch's method of paracentesis, for which he himself has substituted the older operation of lancet puncture, except in the case of interlamellar abscesses. The new treatment for corneal ulcer with hypopyon is the use of a 1 per cent. solution of silver nitrate. Zirm discovered the value of this in an intractable case, which had only got worse under daily and nightly washing out with sublimate. He found that touching some warty granulations of the conjunctiva with $Ag.NO_3$ solution resulted in great general improvement; continuance of the treatment led to rapid healing of the ulcer, the cornea being left in better condition than he had ever seen after a similar case. He gives notes of in all seven cases which he has treated by this method, all of which made speedy and complete recoveries, often after all other means had proved unavailing. Leber has shown that disturbance of the growth of pathogenic cocci in the conjunctival sac puts an end to their penetration into the deeper tissues. Zirm believes that his method inhibits their multiplication in the sac, and so leads to a natural healing of the ulcers without fresh loss of substance and that all the hitherto adopted energetic operative and antiseptic measures will now be given up as dangerous. He claims the following advantages for his procedure: 1. No new disturbances are introduced. 2. Further progress of the disease is at once cut short. 3. An ulcer allowed to heal naturally terminates favorably. 4. The method is extremely simple, and the course of the disease rendered shorter and much more favorable thereby.

—British Med. Jour.

TREATMENT OF TAPEWORM.

Prospero (Sperimentale, Anno 49, No. 26) speaks strongly of the value of pelletierine (an alkaloid prepared from the pomegranate) in the treatment of the two larger varieties of tenia. He administers it in doses of 20 cgr. of the sulphate (Merck) with 25 cgr. of tannin in syrup, to be followed by an aperient next morning. Extract of male fern in unreliable in its effects, may be poisonous, and is

not easy to get pure. For the ankylostoma thymol is the best vermifuge. In one of the author's cases proglottides of the tenia mediocanellata were voided through the mouth, and that without any severe vomiting. The tenia in this case presented an uncommon pathological appearance in that several of the proglottides were fenestrated in a scalariform fashion. This peculiarity has occasionally been observed before, and is supposed to be due to the action of the intestinal juices on parts of the worm where the external protective coating has been worn off. Pelletierine is costly, but therapeutically it gave the best results in the author's hands.

—British Med. Jour.

VACCINATION VIRUS VANQUISHER.

The above is the name of a patent medicine which is being exploited in England as "rendering all vaccination safe," that is, free from all ill-effects. The medicine has to be taken before vaccination. By the time vaccination has been performed, the remedy will have entered the blood, and, so says the promoter, "will be there, as it were, to meet the germs as they enter, and quickly kill them. Thus the diseases are clearly prevented, as the germs never get the smallest chance to begin their nefarious work." But it is further insisted upon that "the medicine does not in any way effect pure vaccine lymph, and the benefits of vaccination are not, therefore, in any way lessened or interfered with." It is surely a matter of pride for our day and generation that so distinguished a man as the discoverer of this remedy has arisen to round out and supplement the work of the great Jenner.

—Boston Med. and Surg. Jour.

SERO-THERAPY IN TUBERCULOSIS.

The interest in sero-therapy which has been brought about during the year by the success of the antitoxin treatment of diphtheria, has led to attempts at sero-therapy in many affections, some of the attempts having a rational basis, and some not. Among these attempts may be mentioned the employment of the blood-serum of animals supposed to be immune to tubercolosis, such as horses, asses, etc. Systems of treatment based on such supposed immunity have been carried out by Professor Maragliano, of Genoa, Dr. Paul Paquin, of St. Louis, and others. Although favorable results have been reported for these, as for all other new methods of treatment for tuberculosis that have ever been exploited, the results on eliminating the personal equation of their sponsors cannot be said to be very brilliant. The practice of reporting "cures" in cases of a disease which progresses so slowly as tuberculosis within a few months after the beginning of any treatment cannot be too strongly condemned.

With regard to the treatment by "anti-phthisin," a serum which is claimed by its advocates to be a kind of tuberculin refined in some manner so as to be free from the dangerous liability of disseminating the disease which tuberculin has been shown to possess, it can be said that up to the present time we have no satisfactory evidence of its value. In laboratory experiments the results have been good, and good beginnings are reported to have been made in clinical use of the remedy; but in regard to this we must again repeat that the chronicity of the disease, and the tendency to relapse are so great, that no observations have been recorded covering anything like a satisfactory length of time for judgment.

—Boston Med. and Surg. Jour.

German and Italian

Translated by DR. F. E. CHANDLER.

DOUBLE CONGENITAL LUXATION OF THE HIP, RACHITIC SACRUM, DOUBLE GENU-VALGUM, DYSTOCIA, CESARIAN SECTION. RECOVERY.

DR. LEFEBRE, OF THE DOULLENS HOSPITAL.

Translated from the Annales d'Orthopedie et de Chirugie Pratiques by Dr. F. E. Chandler.

Obstetricians give the diminution of the diameters of the pelvis as one of the most common causes of dystocia. This modification is sometimes attributed by them to rachitis, but it seems to me that they have nowhere sufficiently insisted upon the congenital malformation of the pelvis.

It is generally admitted nowadays that in congenital luxation of the hip (called by Bouvier, forty years ago, malformation of the hip), there is often an atrophy of the pelvis.

It is by no means the case that all women suffering with this affection cannot give birth to children normally, but these women are certainly more liable to dystocia, because of the unequal development of the lower limbs and of the pelvis itself.

In certain cases an oblique oval form of pelvis is produced, in others the concomitant rachitic malformation is an important factor.

It is a case of the latter type that I wish to discuss.

A. Duceval, now aged 28 years, living in Beauval (Somme), was born of poor parents. Her mother died of pulmonary tuberculosis. Her sisters and brothers enjoy good health and are of medium height. Our patient is only 1 m. 45 cm. tall, or below the average. The upper limbs are fairly devoloped, while the lower ones are affected in several ways.

There is a flattening of both plantar arches and a double genu-valgum. In addition, if we examine attentively the two coxo-femoral articulations, we see that the great trochanters are situated four cm. from Nelaton's line. The ischium, the great trochanter and the anterior-superior spine of the ilium, instead of forming a straight line, only give rise to an interrupted line, or perhaps better an open angle, with the great trochanter at its apex.

Movements of abduction are nearly impossible, a phenomenon which is produced in congenital luxation of the hip.

We cannot suppose that it is here a question of a pathological luxation, since the lesion has never caused the patient any pain. She has never been bed-ridden, and does not now, nor has she ever, noticed any pain or stiffness here, and, finally, she has never been the victim of any traumatism at this point.

If we make our patient walk, we notice that she has the claudication or lameness characteristic of congenital dislocation of the hip; nevertheless this lameness is here less marked than is often the case, because of the relative immobility of the femurs; an immobility explained by their slight movement of abduction.

Around the hips of our patient there exists a ligamentous apparatus, which is very solid and capable of resisting the upward motion of the femurs during locomotion.

In spite of all these physical disadvantages, A. Duceval became a mother. Her menses made their first appearance at the age of 21, or very late. She became pregnant when 25 years of age, and had no fear as to the issue of her pregnancy. (We may add that her intelligence has kept pace with the evolution of her organism.)

On March 6, 1894, she perceived the first pains of delivery; six hours later, the membranes ruptured spontaneously. My distinguished confrere, Mr. Mercier, physician at Beauval, was summoned to the patient. An examination convinced him of the absolute impossibility of a normal issue to the case and he called me in consultation, after informing me of the difficulties to be expected.

I found a uterus greatly developed, extending four fingers' breadth above the umbilicus. I still heard the fetal heart beats, although twenty hours had elapsed since the first escape of the amniotic fluid. Finally, I made a digital examination.

Finding it difficult to reach the vulva with the patient lying on her back, with her legs extended, I had her flex her thighs on her pelvis. Only in this position, by the way, was coitus possible. What was now my surprise at finding a bony tumor at the entrance of the vagina. This tumor was formed by an incurvation of the sacrum, and approached so closely to the os pubis as alone to furnish a cause of dystocia. The vagina was thus divided into two compartments; the anterior one, vulvar, and the posterior one, uterine.

In this latter I was unable to reach the cervix. The bony prominence could not be displaced, so I was convinced that the application of either forceps or cephalotribe would be a physical impossibility. The pelvic contraction was of nearly five centimeters.

The only rational resource was the cesarian section, but there was no hospital, no decent place to which I could have the patient transported. I was in a dirty hut, and the only bed the patient had was an old straw mattress, full of holes and not even a sheet to cover it.

Under these conditions and with an imitation of antisepsis, I performed the operation on March 7, 1894, at 9 o'clock, P. M., with the skillful aid of M. Mercier, and the assistance of M. Protat and of M. Delahaye, pharmacists, the latter administering the chloroform.

I made a vertical incision in the linea alba, as in laparotomy. When the peritoneum was opened, the uterus presented. I incised this from top to bottom, and the child presented spontaneously, as I may say, during a uterine contraction, which came on the moment the aperture was sufficiently large. A second contraction expelled the placenta through the same opening. Leaving my hemostatic forceps in place for a moment, I sutured the uterine wound with catgut. I took care while doing this to place my threads near together, so as to render my suture water tight (etanche). Before closing the abdomen, I could see the blood escape per vaginam.

I closed the different layers of the abdominal wall with a single suture. I dressed the wound with iodoform powder, iodoform gauze and absorbent cotton, the whole being kept in place by an abdominal bandage.

Unfortunately the child had died in spite of our rapid preparations, and all attempts to resuscitate it were fruitless.

We tried rhythmic traction of the tongue, insufflation, artifical respiration, and, finally, flagellation.

I saw the patient the next day and found her in fine condition, although on account of atomy and consequent distention of the bladder, I was obliged to pass a catheter. After this, the bladder took on its normal tonicity, and a recourse to catheterization was never necessary subsequently. No fever was present.

On March 9, two days after the operation, the patient had an elevation of temperature, 39.9 C. She compained of a painful swelling of the breasts and an ascent of milk. The

stomach was distended, but not more painful than it would have been in any lying-in woman with uterine colic. I administered a cathartic.

March 10, fever abated; anorexia still persists; tongue heavily coated, taken altogether, the general condition is satisfactory.

Sequelae simple. On the 10th day I removed the abdominal sutures, and had perfect union by first intention.

On the fifteenth day, and in spite of my advice, the poor woman got up, her belly being supported by the most rudimentary kind of body bandage only, consequently, to-day, she has an eventration, constituting a second and smaller abdomen, which makes at this point a hump similar to the one given Mr. Punch.

Looking at the profile of this woman with her bandy-legs, double luxation, the hips and the different stigmata of rachitis, one cannot help asking how it was possible for her to conceive. Yet she did and has again, for while operating, I did not think of the possibility of a second pregnancy, otherwise I should either have removed the ovaries or performed Porro's operation. To-day she is in the second month of a new pregnancy, which poses new problems to us.

Ought we to allow it to go on? Shall we make a second cesarian section at the end of her pregancy? This time I would suggest to the person having the case, that he guard the woman against all future complications, by suppressing, like Porro, both uterus and ovaries, or by performing complete ovariotomy.

To conclude: Congenital malformation of the pelvis independent of rachitis and deviations, properly so-called, constitutes a cause of dystocia.

In women afflicted with congenital unilateral or bitateral luxation of the hip it is imperative for the obstetrician to note carefully the different pelvic diameters.

In cases of total narrowing of the pelvis, I consider that cesarian section is to be preferred to all other methods of procedure.

Cesarian section is not as grave as embryotomy, a blind operation, rendering the patient liable to lacerations, to punctures from bone splinters, to rupture of the uterus, and requiring the sacrifice of the child's life.

It permits, also, in the same operation to put an end to ulterior pregnancies by ovariotomy or uterine castration.

HYPNOTIC SUGGESTION IN PEDIATRICS.

According to Dr. Berillon (Revue Med. de Louvain), the diseases of children in which the influence of hypnotic suggestion is well established may be divided as follows:

First. Psychic troubles occurring in the course of acute diseases, particularly insomnia, agitation and nocturnal delirium; some functional troubles, such as uncontrollable vomiting, incontinence of urine or of feces which may occur in the course of the same diseases.

Second. Functional difficulties concomitant with nervous affections; chorea, tics, convulsions, anesthesia, hysterical contractions and paresis, hysterical hiccough, blepharospasm, nocturnal incontinence of urine.

Third. Psychic troubles, such as irresistible onanism, onyxophagra, precocious impulsive tendencies, nocturnal terrors, somnolence, kleptomania, pusillanimity and the manifestations of morbid emotions; troubles which are most often found associated, and which their tenacity causes to be regarded, and justly, too, as stigmata of mental degeneration.

Fourth. Mental troubles which may be considered as complications of various neuroses (chorea, hysteria, epilepsy).

ENURESIS NOCTURNA.

Dr. Strumpy (Allg. Wien-Med. Zeit.) says that this is often due to a mechanical cause—the weight of the abdominal viscera upon the bladder. His treatment is to place a pillow under the child's pelvis so as to throw the weight of the intestines upon the diaphragm.

In all of twelve cases treated by Dr. S., a cure was obtained from the first night. In six weeks the patients could take their normal decubitus.

We have just used Dr. S.'s sugges-

tion on a little boy of six years, where all methods of treatment usually employed had been tried in vain. In the two weeks he has been under treatment he has not wet the bed once.

WEIGHT OF NEW-BORN CHILDREN.

Prof. Pinard called the attention of the Parisian Academy of Medicine (Seance of November 26, 1895) to the influence which the amount of rest taken in the last weeks of pregnancy has on the weight of the new-born child.

His paper notes the comparative weight of the children born, in his "service," to women who had worked steadily until the time of their delivery and of those children whose mothers had been able to take a rest previous to their confinement.

The children of the latter were heavier, healthier and more viable.

HYDRASTIN AND HYDRASTININ.

Dr. Jules de Vos (Archives de Pharcodynamie) has a long article on the physiological action of these two drugs.

The author's historical researches have brought to light only the most contradictory mass of evidence as to their action. His own numerous and patient experimental researches have given the following results:

Neither hydrastin nor hydrastinin act as emenogogues.

Mammals easily take both drugs and without symptoms of accumulation.

These substances have no unfavorable influence on the digestive functions, appetite and gastric or intestinal digestion; neither on the composition of the urine nor on the intra-organic exchanges of assimilation; the weights of the animals experimented upon remaining constant.

No important lesions were found, even after chronic intoxication; no degeneration or alteration, renal or other, excepting only a slight congestion of the abdominal viscera.

The favorable therapeutic action of the hydrochlorates of hydrastin and hydrastinin in hemorrhagic uterine affections as affirmed by the clinicians could not be explained by the laboratory experiments.

NEW TENICIDE.

Dr. Newington chanced to give the following preparation to a patient, who had an unsuspected tenia, and who passed it with its head in four days after commencing treatment:

R Iodide of potassium 2.25 gm.
Iodine ..... 0.75 gm.
Water .....30. gm.

To be taken in ten-drop doses, t. i. d.—Medical Times.

Subsequent experiment bore out his supposition as to the tenicide action of the above.

AROMATIC COD LIVER OIL.

M. Duquesnel adds one gramme of ol. eucalypti to 100 gm. ol. morrhuae to remove its nauseous taste. The taste of the eucalyptus alone remains.

Dr. Carlo Pavesi gives another method:

Take 400 grammes of fish oil, 28 grammes of roasted and ground coffee, 10 grammes of powdered animal black; warm the whole on a sand bath at 60 C., for 15 minutes, in a corked mattress; remove the mixture from the fire; allow it to stand for two or three days, shaking occasionally; filter through paper.

The oil thus obtained is limpid, amber colored and has a pronounced odor and taste of coffee.

—Revue Med. de Louvain.

OXYCYANIDE OF MERCURY AS AN ANTISEPTIC.

MM. Ch. Monod and Macaigne presented a paper on this subject, and these are the conclusions they came to:

A 5 per 1000 solution of oxycyanide of mercury was shown by experiments to possess an antiseptic value always equal and sometimes superior to a 1 per 1000 sublimate solution, and while fully as easy to handle as the bichloride attacks neither the hands nor the instruments of the surgeon.

These conclusions are based upon a hospital practice of over four years, and also upon a long series of labora-

tory experiments, which have shown that the oxycyanide will fully as well, if not better than corrosive sublimate, kill a developed culture or sterilize an infected object.

These experiments were made with hospital dusts, containing various microbes: bacillus pyocyaneus, streptococci, bacteria coli, and especially a bacillus closely resembling that of anthrax which had spores capable of resisting a temperature of 100 C.

Although they never had any grave accidents of intoxication with the drug, still MM. Monod and Macaigne think that it should never be used in injections, when it is to be feared that a portion of the liquid be retained or remain for any length of time in contact with absorbing surfaces.

—Revue de Louvain.

SHORT NOTICES FROM EVERYWHERE.

A NEW DRESSING POWDER.

M. Picque (Annales d'Orthopedique) showed the Societe de Chirurgie of Paris a patient whose wounds had been dressed with a new product, which seems destined to replace iodoform in antisepsis. This product is called traumatol and is an iodide of cresol.

Experiments made with it by Dr. Leon, chef de clinique at the St. Antoine Hospital, have shown the superiority of this product as an antiseptic over iodoform. It has the advantages of being inodorous and of not irritating the mucous membranes.. Used by M. Picque in his practice for over a year, and by M. Perier, at Lariboisiere, they both affirm that traumatol gives the best results, and, although employed in the same doses as would be iodoform, it causes no toxic symptoms.

CHRONIC MASTITIS OF TRAUMATIC ORIGIN IN A MAN.

M. J. Hobbs (Progres Medical) rresented before the Society of Bordeaux a sailor, 50 years of age, of robust constitution and without pathological defect, who had received three months before in the right mammary region the shock of a barrel which weighed in the neighborhood of 100 kg.

Immediately after the accident there appeared a voluminous tumor of the right breast.

The skin had an ecchymosed color. The first days there was fever and severe pain.

Under treatment with moist compresses and of lead ointments the tumor diminished rapidly, but without wholly disappearing. Now, three months from the time of the accident, the right breast is voluminous and presents a plurilobular induration 7 cm. long, 5 cm. wide and about 3 cm. thick. The patient suffers only during the examination.

This case is comparable with those described by Hughes Peraire, and especially with that one presented quite recently at the Academie de Medicine (Sept., 1895). Traumatism was the sole cause of the mastitis; this was followed by acute inflammatory symptoms; after these came hypertrophied induration, which now shows no signs of retrogression. Termination by complete resolution is exceptional. Suppuration rarely takes place.

TREATMENT OF ACTINOMYCOSIS WITH HYPODERMIC INJECTIONS OF POTASSIUM IODIDE.

Rydygier (Nowiny lek., Nos. 8 and 9, 1895) publishes two cases of actinomycosis, one of which was in a physician. Operative treatment and internal medication with Na I and K I, both without result. After the sixth day of his illness, treatment with hypodermic injections of K I, together with the internal use of the iodides, was commenced. Two to four syringefuls of a one per cent. solution at intervals of 8 to 14 days were used. In the first case a perfect cure was obtained in two months. In the second case only the parts surrounding the navel remained infiltrated. In cases of actinomycosis of the walls of the stomach, subcutaneous injections of the one per cent. solution without the internal administration of the iodides was sufficient for a cure.

French

Translated by DR. E. W. BING

GONORRHEA TREATED BY ALKALINE INJECTIONS.

The fact that the gonococcus develops best in an acid medium, and does not do so in an alkaline fluid has suggested the idea of treating the disease in this way. The method is especially successful when the alkali is combined with an antiseptic, as sublimate. Injections are made three times a day with a solution containing 1 per cent. of sublimate and about 6 per cent. of liq. potass. (5 per cent. caustic potash). Bicarb and citrate potash are at same time given by the mouth. Rapid cures are obtained.

—Courier Med.

CONVULSIONS AND TETANUS FOLLOWING BITE OF THE TONGUE.

The case occurred in a woman taken to the Maternity Hospital, at Rochefort. She was in a condition of eclampsia on her arrival. She presented several contusions of the lower limbs and deep bites of the tongue. Under chloral injections the convulsions ceased. The child was delivered alive. At the end of a week the woman complained of violent pain in the head; symptoms of tetanus followed, and she died in 48 hours. In this case the spores of tetanus may have existed in the mouth, but it is more probable that she became infected during the journey in the cab, in which she was conveyed to the hospital.

—Courier Med.

LEMON JUICE AS A HEMOSTATIC.

Burton mentions a case of abundant hemorrhage from the nose which was at once stopped by injection of one part of juice to four of water. In a case of hematemesis, after failure of other means, lemon juice pure stopped it instantly. It has also been successful in intestinal hemorrhage.

—Courier Med.

WHAT CAUSES CARDIAC WEAKNESS IN INFECTIOUS DISEASES.

The normal state of the circulation depends as much on the activity of the heart as on the integrity of the vaso-motors. The noxious external influences modify in a variable manner the functions of both. The elevation of blood pressure is the measure of the heart's strength. Lowering of pressure below a certain limit indicates insufficient activity of one or both.

The bacillus pyocyaneus and the pneumococcus both paralyze the vaso-motor centre in the cord, and thus cause fatal disturbance of the circulation; the peripheral vaso-motors and the vaso-motor centres of Goetz remain intact.

The B. pyocyaneus sometimes modifies the rhythm and activity of the heart. The pneumococci do not interfere with the heart, which preserves its functions and maintains the blood pressure for a certain time in spite of the vaso-motor paralysis.

In pneumonia the paralysis of the vaso-motor centre in the cord plays an important part in the circulatory disturbance. The danger of pneumonia to a weak heart lies in the fact of the overcharge thrown on the right side; in other cases by the fact that the heart is unable to keep up the blood pressure. The circulation thus becomes sooner insufficient than in a case where the heart is normal.

—La France Med.

TREATMENT OF EPILEPSY.

A new treatment for epilepsy is advocated by Dr. Poulet, in the Bull. de Therap. Gen. He has found it succeed in cases where bromides alone or in combination had failed, and not only bromides, but also picrotoxin, stramonium, borax, etc.

The association of bromide of potassium and sulphate of eserine, which is his method, has rapidly cured the cases in which it was used. As a general treatment in this disease he recommends the plan of Bechterew, which is as follows:

R.—Adonis Vemalis (leaves).2 to 3¾ gr.
Infused in boiling water....180 gr.
Add
Potass. Bromid..7.50 to 11.25 gr.
Caffeine .....0.12 to 0.18 gr.
The dose is from 4 to 8 teaspoonfuls in the day.

Bechterew has had great success with this method.

Jouin has been using tablets of thyroid extract (0.45 grm.), one, 4 to 8 times per day, in cases of uterine fibroma. He has three times observed dimunition of hemorrhage, and twice partial diminution of the tumor.

—Bull. Gen. de Therap.

MONUMENTS TO PASTEUR.

Many cities of France, and Dole, his birthplace, especially, intend erecting statues to Louis Pasteur. An international subscription will shortly be opened to erect in Paris a monument that will be worthy of the great scientist. The Board of Directors of the Institute Pasteur has taken the initiative and intends to form a committee of patronage, with the Presidents of the Senate and of the House and Ministers of Foreign Affairs at its head.

Progres Medical.

DEATH OF DR. CHARLES FAUVEL, OF PARIS.

"A great physician," says the Progres Medical of Dec. 21, "as the grand monde and the demi will have it, has just died. He was very noted ....on the boulevard and in the wings of the opera and much noticed in our daily papers. His physignomy, so good and so expressive, was to be found almost anywhere, from the prospectus of Vin Mariani to the advertising columns of the select Monde Moderne."

How is that for sarcasm?

Current Surgical Literature.

T H MANLEY, M. D., New York, Editor

HYPODERMIC INJECTIONS OF CALOMEL.

By Dr. Morel Lavallee.

This author has employed with great satisfaction the hypodermic method of giving calomel.

The calomel is blended with sterilized oil, and every precaution observed to prevent infection with the needle.

He uses a long, strong needle, and injects the fluid deeply into the tissues of the right loin.

He has had no suppuration or nodosities follow. One of his patients was riding and enjoying the sports of the chase while under his cure.

His maximum dose of calomel by this plan is five centigrammes-about one grain.

By this method the patient is spared the pain and inconvenience of stomatitis, and, besides, the action of the drug is more energetic and decisive.

This form of administration is reserved for specific disease, or when it is necessary to quickly charge the system with the medicament.

—Rev. Therap., 1 Dec., 95.

THE RADICAL CURE OF LARGE INGUINAL HERNIA.

By Tillaux.

This author, in a short, but instructive clinical lecture, presents the operative consideration of voluminous inguinal hernia. The subject of his discourse was a man of 51 years, who never was conscious of hernia until a year previously.

The hernia rapidly enlarged and became unmanageable to truss pressure.

It had now attained the size of an infant's head, and was suspended in a sack specially made. With the exception of occasional colicky pains, and pains in his back, when the support was removed, he had little inconvenience. But it was unsightly. He never had any symptoms of strangulation. The surgeon observes here that "the more voluminous a hernia the less danger there is of accident from strangulation," and states that it is exceeding rare in large hernia. The opening of the external ring here was sufficiently capacious to admit four fingers after mass was reduced. It is stated that the cure of these hernia is extremely tedious, dangerous and unsatisfactory in some individuals.

The technique of operation is fully set forth. It is advised in operating on a case of this description to proceed with great caution and deliberation in order not to injure vital structures and make a complete operation. The plan of Bassini was adopted. Special attention was given to the management of the extended omentum and sac. The infundibulum was left in the scrotum, and an effort was made to restore the inguinal canal.

—(Revue De Therapeutique, Med. and Chirurgical, 1 Dec., 95.

Note by translator:

Most all voluminous hernial extrusions are irreducible, or largely so. The dangers attending operations on them, for radical cure, are very considerable, and the results are not highly satisfactory when operative success follows. It is remarkable that this celebrated surgeon, M. Pr. Tillaux, should regard those massive

ruptures as rarely the seat of strangulation, which is certainly far from correct.

Within this year '95 two cases of strangulation in mammoth hernia have come under my care; one in an old man, who had more than three feet of gangrenous intestine. Hernia was inguinal type. Died within an hour after operation. Another case occurred in a woman of 32 years of age. She had a vast femoral hernia, with strangulation of three days standing. The extended mass was highly inflamed. Death on fifth day after operation. It is evident from M. Tillaux's description of Bassini's operation that its technique varies in different countries.

As a whole, this class of ruptures belong to a very grave order, indeed, in which radical cure is not satisfactory, if expedient at all, and yet danger of strangulation constantly menaces the patient.

T. H. M.

TREATMENT OF STERCORACEOUS FISTULAE.

(Neuvieme Congres Francais Chirurg.)

Treatment of stercoraceous fistula and artificial anus, was the theme submitted by Le Pr. Le Dentu, at above meeting.

The conditions of the above disorder requiring operation are: Small and large fecal fistulas. The actual cautery will usually close small ones in the autoplastic operations. For pyostercoral fistulas we must commence by a thorough disinfection and liberation of all adhesions. Depuytren's enteratome serves a useful purpose in some of these cases. Lateral enterorraphy, however, properly performed, is to be preferred to all other measures in many of these. A mixed or compound method may be necessary in various instances.

If the separation of both ends of the intestine is complete, or if the inferior end is closed, enterectomy with the triple row of circular suture is satisfactory. But, when for various reasons this is impracticable, entero-anastomosis is a precious resource.

Reverdin, of Geneva, has succeeded in curing a rebellious stercoral fistula in the rectum by making an iliac anus, to serve until union was complete.

For intestinal obstruction Bouiffeir, of Nantes, advises, when a malignant neoplasm is the cause, an entero-anastomosis. Circular resection of the bowel, with end to end anastomosis, gave him one recovery and one death.

A SUBSTITUTE FOR MURPHY'S BUTTON.

MM. Duploy and Cazrrie propose to substitute for the Murphy button a perforated creased piece of metal, over which both ends of the intestine are to be fixed and retained. They had remarkable success in their experiments on dogs with the new device, which, perhaps, for prudential reasons, is not fully described. It is said that the thing requires no special skill to place it; the operation is rapidly performed; gases and intestinal fluids readily escape, owing to large calibre of apparatus, and it is said to have been invariably passed within the third or fourth day.

Gazette Hebdom, Dec. 3, 95.

CIRCULAR SUTURE OF THE INTESTINE.

By A. Bier.

Of late there has been almost no end of the various sutures offered for closing the intestine, with a view of obviating the drawbacks of the Lambert and Lambert-Czney suture. In order to definitely determine the relative value of the various sutures recommended for intestinal surgery Bier made 70 experiments on animals, and finally was led to the conclusion that there is none devised yet equal to the Lambert. This was the opinion of Bergman and Hahn as long ago as 1882. On man, Bier practiced this suture 14 times with no mortality. He declares that the non-success, usually comes from want of skill in the surgeon or the gravity of the patient's condition demanding interference.

—Arch. fur Klin-Chirurg., No. 49.

OPERATIONS FOR SUB-ACUTE APPENDICITIS.

M. Roux, of Lausanne, has seen 300 cases of appendicitis, with 95 operations.

His reflections and conclusions are as follows:

In cases of suppuration the abscess is always behind the appendix. Spontaneous cure results by perforation of the bowel and draining off through this route, or by resorption of the pus. In the latter event the pus becomes caseated, calcified, or reduced to a sterilized fluid. The lesions of the appendix itself are most varied. Calculi are found imbedded in it; it may be contracted, obliterated or perforated, empyemic or dropsical. But often no lesion at all is found. He would advise operations only when recurrence was frequent, and especially if there were symptoms definitely pointing to perforation.

(Le Mercridi Med., Dec. 12, 95.)

SUTURE OF THE VEINS AFTER ACCIDENTAL LACERATION OF THE VEINS IN OPERATIONS.

M. Ricard speaks of the great advantage of suturing the large veins after accidentally dividing them, particularly the femoral or axillary. It spares the integrity of the vessel, obviates gangrene, and accelerates union. It should be done with a fine Lambert suture. The leak is stopped, the current of the blood re-established and full function restored.

(Revue De Chirurg, Dec. 17, 95.)

ELECTROLYSIS FOR THE SURGICAL TREATMENT OF STRICTURES.

New York Medical Journal.
BY J. A. FORT, M. D.,
Professor of anatomy in the Ecole Pratique of the Paris Faculte de Medecine.

It affords me great pleasure to have the honor of being allowed through the kindness of your president to present to you a new instrument which I have devised and called "electrolyser," for the surgical treatment of strictures by the "linear electrolysis" method.

It is a well-known fact that electrolysis has been discarded on account of the imperfect instruments which were used. My electrolyser has all the advantages of the urethrotome and none of its inconveniences. It looks like a small whip, of which the handle contains a metallic wire projecting from the end which connects with the flexible part. This instrument, being first introduced into the urethra,is connected with the negative pole of a continuous current battery, and the positive pole is connected near the affected part. on the front of the thigh or over the pubes; then the current is turned on.

The operation, which is almost painless, requires 30 seconds (on an average), with a current of a strength of at least 10 milliamperes, as indicated by means of a galvanometer. The electrolyser remains perfectly cool during the operation. In nearly all cases there is no bleeding, or but very little. The urethra is made aseptic before and after the operation, in order to prevent fever. I never allow a sound to remain permanently in the urethra for any length of time after the operation.

Usually the wourd resulting from electrolysis heals quickly without any local treatment whatever, and often the patient can attend to business immediately after the operation.* In nearly all cases I pass a sound the third day after the operation, also the day after. I instruct the patient to pass a sound, No. 22 or No. 24 F., every month and every other month.

With the urethrotome, which cuts blindly, the surgeon cannot ascertain the degree of denisty of the tissue of the stricture. On the contrary, by means of electrolysis, which merely produces a molecular destruction of the stricture, although the instrument remains cool, I have been able to demonstrate that there are two classes of stricture—"soft and hard." Hard strictures are in the proportion of one against five soft ones.

The time required to perform the

*When the wound does not heal I merely prescribe injections morning and evening, with one part of hydrozone to 20 parts of water.

operation varies with the density of the stricture. Some strictures are so hard that they cannot be successfully operated upon by electrolysis.

If my American colleagues who are familiar with the French language are willing to refer to one of my books entitled Traitement des retrecissements par l'electrolysis lineaire (this book can be procured at the library of the Academy of Medicine), they may find it quite interesting, as it will enable them to understand the improvements which have gradually been introduced in the applications of electrolysis to surgery during the last 15 years. They will also understand how I have applied electrolysis to the treatment of strictures of the urethra, uterus, rectum and esophagus.

Up to date I have performed in Europe 135 operations on strictures of the esophagus (recorded in my book), and with the exception of those which were caused by malignant growths of the wall of the esophagus all recovered.

It has been my good fortune to meet here some leading surgeons who are authorities in the treatment of strictures, and I am very grateful to them for their kindness in giving me the opportunity to demonstrate the advantages of my method in operating upon some of their patients

Therapeutical Progress.

BRIEF NOTES ON NEW AND RARE REMEDIES.

From the American Druggist.

AMIDO-ANTIPYRINE.—Resembles antipyrine, but more soluble.

AMMONIUM EMBELATE.—Harmless, taenifuge. Dose, 6 grs. fasting, followed by castor oil.

AMYLENE HYDRATE. (Dimethylethyl) carbinol tertiary amyl alcohol.—Limpid, colorless, hygroscopic liquid with penetrating ethereal odor resembling camphor and peppermint. Soluble in A., E., C., 8 parts water. Anodyne, hypnotic. Dose, 45 to 60 minims. Whooping-cough in children, 3 to 4 min.

ANALGESINE.—Synonym for antipyrin.

ANASALPIN.—Synonym for anhydrous wool fat.

ANEMONIN.—From anemone pulsatilla. Small, white, acicular, inodorous crystals. Soluble in A. E., sparingly in water. Anti-catarrhal, sedative (whooping-cough, etc.) Emmenagogue. Toxic in large doses. Maximum daily dose 3 grs.

ANHALONIN. (Alkaloid from anhalonium lewinii.) — Resembles strychnine and brucine in its action.

ANTHRAROBIN. (Desoxyalizarin.) — Phenol derivative, allied to chrysophanic acid. Yellowish white powder, insoluble in water and dil. acids. Soluble in glycerine, in 5 parts A., and in alkaline media. Substitute for chrysarobin. Apply in 10 per cent. ointment or solution.

ANTICHOLERIN.—Cholera antitoxin solution, clear brown, viscid liquid. Injected in mascular tissue of stomach of cholera patients.

ANTIKAMNIA. A white microcrystalline ordorless and tasteless powder nearly insoluble in W. but readily soluble in A. and E. Antipyretic, analgesic and anodyne. Dose: 3 to 10 grs. in powder or tablets, taken with a swallow of water or wine.

ANTIKOL. Antipyretic, analgesic, anodyne. Dose: 3 to 10 grs.

ANTINERVIN. (Salicylbromanilid, Salbromalide.) Mixture of ammonium bromide 1, salicylic acid 1, and acetanilid 2. Sedative, antipyretic, anagesic. Dose: 3 to 8 grs.

ANTINONNIN. (Orthodinitro-cresol.) Insecticide, fungicide, and wood preservative.

ANTIPHTHISIN. A purified and improved tuberculin, produced by Prof. Klebs. Now under examination clinically. Obtained only for trial, from makers direct. Not for sale.

ANTIRHEUMATIN. Compound of methylene, blue and sodium salicylate. Dark blue crystals soluble in W., A. Antirheumatic. Dose: 1 to 1 1-2 grs. in pills every 2 or 3 hours.

ANTISEPSIN. (Asepsin, Mono-or Parabromacetanilid.) Colorless prismatic crystals. Insoluble in cold water. Slightly soluble in A., and in hot water. Antiseptic, antipyretic, sedative. Dose: 3 to 10 grains. Said to be dangerous. (Not to be confounded with a mixture of zinc sulphate, zinc iodide, thymol and boracic acid called antiseptine.)

ANTISPASMIN. (Sodium Salicylate and Narceine-Sodium.) White somewhat hygroscopic powder, soluble in water. Antispasmodic sedative, hypnotic. (Whooping cough, convulsions, cramps, etc.) Dose: 1-2 to 1 gr. 3 times daily.

ANTITHERMIN. (Phenylhydrazin Levulinic Acid.) White powder. Insoluble in water. Antiseptic, antipyretic, analgesic. Should be used with caution. Dose: 3 to 10 gr.

ANTITOXIN. Product of metabolism in blood serum under the influence of specific bacilli.

ANYTINS AND ANYTOLS. Products of the action of sulphuric acid upon oils. Anytins are soluble in A.; anytols in W. They serve as solvents for oils, camphors, etc. The names are patented.

APIOL. Green, liquid alcoholic extract of parsley seeds. Dose: emmenagogue, antiperiodic, etc., 2 to 9 min., 2 or 3 times daily. Antiperiodic 15 to 45 times daily.

APYONIN. Yellowish crystalline compound used in ocular surgery in same manner as pyoctanin.

ARBUTIN. Glucoside from uva ursi. Long, colorless, bitter needles, soluble in water. A. Insoluble in E. Diuretic. Dose: 10 to 15 grs. 4 or 5 times daily.

ARECOLINE. Alkaloid from areca nut, alkaline liquid. Soluble in water, A. E., C. Powerful anthelmintic and heart poison (resembling muscarine). Veterinary practice. Dose: 1-15 to 1-10 gr.

ARGENTAMINE. Ethylene-Diamine Silver Phosphate Solution.) 8 per cent. solution of silver phosphate in ethylenediamine. Colorless alkaline liquid turning yellow on exposure. Antiseptic and astringent, but not coagulating proteids. Uses same as corrosive sublimate (1 to 4000 solution.)

ARISTOL. (Dithymol-diodide formerly incorrectly termed Annidalin, which see.) Bulky reddish, resinous powder, of a slightly aromatic odor. Insoluble in water, G., soluble in E., C., oils, slightly in A. Decomposed by heat and light. Antiseptic dressing. Substitute for iodoform. In etherial, oily or fatty vehicles or fatty powder.

ASAPROL. (Abrastol, Calcium Betanaphtol-Alpha-Mono Sulphonate.) Grayish white odorless powder. Decomposed at 122 degrees F. Soluble in 1 water and 2 A. I., insoluble in E. Antiseptic, antipyretic, antirheumatic (diphtheria, rheumatism, etc.) Applied externally in 5 per cent. solution. Dose: 3 to 12 grs. 4 or 5 times a day.

ASBOLINE. Prepared from pine-root. Yellowish oil consisting principally of pyro catechol and its homologues. Antitubercular.

(To Be Continued.)

...Prescriptions...

FOR TAPEWORM.—Many years ago, Mr. J. H. Newington, of Tenterton, gave a patient the following mixture:

R—Potass. iodid. .....36 grs.
Iodi .....2 grs.
Aqua ..... 1 oz.
M. Sig. Ten drops three times a day in water.

An unexpected result was the passing of a tapeworm 11 yards long, and he has since given this same medicine in other known cases with success, as after the discharge there has been no return.

New York Med. Journal.

Herpes Zoster:

R—Boric acid. .....15 gr.
Glycerine, q. s. vaseline....1½ oz.
Cocaine hydrochlorate.
Extract of opium. ....each 5 grs.
Ft. pigment. The neuralgia following the eruption is best treated by Fowler's solution.—Kaposi.

GOITRE.—Good results have been obtained from the parenchymatous injection of 1-4 to 1 drachm of a mixture thus composed:

R—Iodoform ..... 1 part
Sulphuric ether.
Olive oil .....aa 7 parts
M.—Galle, in Revue de Laryngologie.

Lumbricoides:

R—Santonin. .....20 grs.
Podophyllin ..... 5 grs.
Sugar .....30 grs.
M. Sig. Divide into five powders; give one every four hours until it acts freely on the bowels. The dose of podophyllin can be varied according to the age of the child.—Deray.

TREATMENT OF SOFT CORNS.—Mr. M. P. Miall, of Bradford, states that a concentrated solution of tannin, made by dissolving an ounce of perfectly freshly-made tannin in six drachms of water with the aid of gentle heat, gives immediate relief to soft corns if applied once or twice a day between the toes after washing. Tannin in powder is not quite so effectual.

British Medical Journal.

Chronic Alcoholism:

R—Tr. nucis vom. .....80 drops
Tr. gentian co.
Tr. calumb. co.....each 2 oz.
Sig. a dessertspoonful to be taken in water before each meal.—Loomis.—London Med. Times.

Alopecia:

R—Ext. jaborandi fl.
Tr. cantharidis .....each ½oz.
Glycerin.
Olei vaselini .....each 1 oz.
Sig. apply locally with a sponge at night.—Bartholow.

Pulmonary Tuberculosis:

R—Creasoti .....2 fl. drs.
Alcohol, rectificat .....17 fl. ozs.
Glycerin pur. .....8 fl. ozs.
Chloroform .....5 fl. drs.
Ol. menth. pip. .....2 fl. drs.
M. Sig. Tablespoonful in sweetened water before each meal.—Carosso, in la Medicine Moderne.

Parson's Local Anesthetic, according to the Medical Age, consists of:

	Parts.
Chloroform	12
Tincture of aconite	12
Tincture of capsicum	4
Tincture of pyrethrum	2
Oil of cloves	2
Gum camphor	2

Dissolve camphor in chloroform, add oil of cloves, and, lastly, the tinctures. This is credited with almost magical local anesthetic effects.

In Acute Cystitis:

R—Potass. citratis .....4 drs.
Sp. chloroformi .....2½ drs
Tr. digitalis .....80 drops
Infus. buchu .....ad. 8 ozs.
Sig. Two tablespoonfuls three or four times a day (Fothergill). The following suppository may be introduced high up into the rectum:
R—Iodoformi .....1 gr.
Ext. hyoscyam. .....1 gr.
Ol. theobromae .....14 grs.
M. et ft. suppos. j.

—London Med. Times.

STRAIN FROM MUSCULAR EXERTION.—Tinct. iodini, liq. ammoniae and collodion, painted on with camel's-hair brush.

For Physicians' Wives

FOOD FOR YOUNG CHILDREN.

If a child, say about 2 years of age, is delicate, it does not want either cereals or potatoes. Milk with barley water, or a raw egg, well-beaten, with half a pint of milk. If it objects to drinking it, give it through a straw, and it will soon be looked upon as play. Never insist on children eating anything they dislike; if well managed they are most pliable. Example is the best coaxer. Take a glass of milk through a straw yourself some day, without a remark. A small piece of chicken with a bone and whole wheat bread may be given, or a little chopped beef or mutton, also beef or mutton broth. Milk should be given between meals.

—Household News.

WARM NIGHT GARMENTS.

When the air is cold and the weather inclement, it is the general custom to wear garments of extra thickness and warmth, and to sit round roaring fires. But on going to bed, what takes place? In 99 cases out of 100, people pass from the warm living rooms into chilly bed rooms. As if the sudden change from the extreme heat—for there can be little doubt that what with fires, gas and insufficient ventilation, people are in the habit of breathing an atmosphere the temperature of which is considerably higher than it should hygienically be—to excessive cold, is not sufficiently absurd, they proceed to divest themselves in thin linen nightshirts, and to consign their heated bodies to the cooling influence of unsympathetic sheets! Conventionality has habituated one to the custom; but a really serious contemplation of it cannot fail to make the utter absurdity of the custom clearly apparent.

The Chinese, from whom many useful lessons have been learned by more civilized nations, can give us a wrinkle on this subject. John Chinaman sleeps in the same kind of clothes as he wears in the daytime, the easy and flowing garments to which he is addicted allowing of this without causing inconvenience. Western nations are not favored in the latter respect, but still it would be quite possible to replace the airy nightshirt at present in vogue by some garment which, as regards warmth, was equivalent to the several distinct articles of clothing constituting the working dress worn by day. Dwellers in foreign countries invariably sleep in flannel garments, and the backwoodsman wraps himself in a stout woolen blanket, and defies the elements. They are sensible. The human frame should, undoubtedly, be clothed in woolen garments, for wool is a bad conductor of heat. Enveloped in flannel the body maintains a normal temperature, which is of the greatest importance. No sooner does the temperature fall than the action of the various functions becomes impaired, the nerves get out of gear, and the whole system suffers disorganization.

—Health.

SWEEPING AND DUSTING.

The wear of a carpet may be greatly prolonged by judicious treatment. The wise woman realizes this, and, by a little headwork and carefulness, lightens the demands on both her hands and her pocketbook. Her carpets are swept but once a week, and then it is done in this wise:

First, she covers the furniture as much as possible, especially the upholstered portions, and then strews the floor thickly with tea leaves and salt. The salt brightens the colors in the carpet, and destroys the moths, while the tea leaves gather the dust. Then she sweeps with the grain of the carpet, using a short stroke that covers only a little space. Her broom draws, not pushes, the salt and tea leaves up to a level with her feet, and so she continues until the whole room has been gone over.

The result of this careful sweeping is that not much dust has been set in motion to settle, later on, upon the furniture, and also that the sweeper's carpets greatly outlast those of her neighbors and yet always look bright and clean.

This same woman never uses a feather duster, as it does not really dispose of the dust, but merely removes it from one part of the room to another. Instead, she uses a large, soft dry cloth and shakes this cloth occasionally out of the window, being careful the while that there is no draught to carry the dust back into the room. After dusting, she occasionally goes over all the woodwork of the furniture again with a soft flannel cloth dampened with kerosene. This polishes the furniture up wonderfully, and if the windows and doors are left open for a little while after, all traces of the scent will soon disappear.

—Good Housekeeping.

CULINARY HINTS.

Onions and all vegetables can be cooked without odor by being put on in boiling salted water sufficient to cover the article to be cooked, and the kettle placed where they cannot boil again until tender. In rapid boiling the steam drives off with it the odor and flavor of the vegetables.

Whole wheat bread is made by pouring one pint of boiling water warm; add one yeast cake, moistened in two tablespoonfuls of warm water and a teaspoonful of salt. Now add sufficient whole wheat flour to make a batter. Beat well and stand in a warm place for two-and-a-half hours. When light add sufficient flour to make a dough, knead well and form into one pint of milk, when luke-at once into loaves, put into French pans and stand aside again in a warm place for one hour. Bake same as white bread.

Cut-glass vinegar cruets may be cleaned by ammonia and warm water; after rinsing put in a little chopped potato and rinse again with clean water.

—Mrs. Rorer in Household News.

Somewhat along the lines of a diary is the record book now kept by so many mothers, of the "growth in grace" of their young children. One young woman, not only has the weights and measurement and first sayings of each child set carefully down, but at certain ages, with great regularity, the child's picture is taken to embellish the record book.

And then there are the memory books. How many trifling memories of European travel can be saved with little trouble, by those fortunate enough to go, and put into a kind of combination diary and picture book, which ever after will bring back with extra vividness the happy hours during which they were collected. These memory books of foreign travel are of the greatest interest to their owners. All sorts of "trifles light as air" have a place in them. Street-car tickets from all over Europe, labels of various sorts, five-cent photographs, steamer lists, menus, railway tags, pressed flowers and leaves, kodaks of friendly groups, and even hotel bills, make a motley collection, and bring fresh pleasure to eyes which may never again see the places of which they are reminders.